
State of Rhode Island

Department of Human Services

Center for Child and Family Health

Certification Standards

Personal Assistance Services and Supports (PASS)

February 10, 2004

PUBLIC DRAFT FOR PUBLIC COMMENT

TABLE OF CONTENTS

Section	Page
1.0 SERVICE INFORMATION AND BACKGROUND	6
1.1 Introduction.....	6
1.1.1 Personal Assistance Services and Supports.....	8
1.1.1.1 Assessment and Service Plan Development	10
1.1.1.2 PASS Direct Services	10
1.1.1.3 Service Plan Implementation.....	11
1.1.1.4 Clinical Consultation.....	12
1.2 Intended Outcomes of Certification Standards and Services.....	12
1.3 PASS as a CEDARR Direct Service.....	13
1.3.1 Prior Authorization, Coordination with CEDARR Family Center and Reimbursement	14
1.3.2 Period of Authorized Service and Reimbursement.....	14
1.3.3 Coordination with CEDARR Family Center for Review and Prior Authorization from DHS.....	15
1.4 Commitment to Family Centered and Consumer-Directed Care.....	15
2.0 CERTIFICATION PROCESS.....	16
2.1 Submission of Certification Application Required.....	16
2.2 Instructions and Notification to Applicants	17
2.3 Information for Interested Parties.....	17
2.4 Certification	18
2.4.1 Possible Outcomes of Certification Review Process	18
2.4.2 Certification Status and Reimbursement Schedules	19
2.5 Continued Compliance with Certification Standards	20
2.5.1 Provisional Certification	20
2.6 DHS Responsibilities	21
2.6.1 Oversight and Authorization	21
3.0 BACKGROUND DEVELOPMENT OF THERAPEUTIC SERVICES.....	21
3.1 Private Duty Nursing Services (PDN)	22
3.2 Certified Nursing Assistant (CNA) Services.....	22
3.3 Home Based Therapeutic Services (HBTS).....	22
3.4 PASS Workgroup.....	23
4.0 TARGET POPULATION AND LOCATION OF SERVICE WITHIN CONTINUUM OF CARE	23
4.1 Eligibility	23
4.2 Personal Assistance Services and Supports within the Continuum of Care; Appropriateness of this Level of Care	24
4.2.1 Clinical Appropriateness Criteria for Initiation of Services	24
4.2.2 Clinical Appropriateness Criteria for Continuing Care	25

4.2.3	Discharge Criteria	26
4.2.4	Discontinuing Services	26
4.3	Potentials of Service and Restrictions on Appropriateness	27
4.3.1	Potentials of Service	27
4.3.2	Restrictions on Appropriateness of Service	28
5.0	SERVICE DESCRIPTION - REQUIRED SCOPE OF SERVICES	28
5.1	Service Name and Definition.....	28
5.1.2	Consumer Direction	29
5.2	Service Components	30
5.2.1	Assessment and Service Plan Development	30
5.2.2	Direct Services	30
5.2.3	Service Plan Implementation	30
5.2.4	Clinical Consultation	31
5.3	Units and Rate of PASS Services	31
5.3.1	Units and Rate for Assessment and Service Plan Development.....	31
5.3.2	Units and Rate for Direct Services.....	31
5.3.3	Units and Rate for Service Plan Implementation.....	32
5.3.4	Units and Rate for Clinical Consultation.....	32
5.4	Description of Service Components	32
5.4.1	Assessment and Service Plan Development	33
5.4.2	Direct Services.....	37
5.4.2.1	PASS Family Roles in Direct Services	37
5.4.2.2	PASS Agency Roles in Direct Services.....	38
5.4.2.3	Direct Service Worker Roles in Direct Services.....	38
5.4.3	Service Plan Implementation.....	38
5.4.3.1	Family Roles in Service Plan Implementation.....	39
5.4.3.2	PASS Agency Roles in Service Plan Implementation.....	40
5.4.3.3	Direct Service Worker Roles in Service Plan Implementation	40
5.4.4	Clinical Consultation.....	41
5.4.4.1	Family Roles in Clinical Consultation.....	41
5.4.4.2	PASS Agency Roles in Clinical Consultation	41
5.4.4.3	Direct Service Worker Roles in Clinical Consultation	42
5.4.5	Service Component Table.....	42
5.5	Intensity of Personal Assistance Services and Supports.....	43
5.5.1	Intensity of Assessment and Service Plan Development.....	43
5.5.2	Intensity of Direct Services	43
5.5.3	Intensity of Service Plan Implementation.....	43
5.5.4	Intensity of Clinical Consultation	43
5.6	Duration and Continuation of Service.....	44
5.7	Categories of PASS Service Plan Requests	44
5.7.1	New PASS Service Plans.....	44
5.7.1.1	Reauthorization of PASS Service Plan (Renewals).....	44
5.8	PASS Agencies, Family Involvement and Responsibility.....	44
5.9	Transportation	44

5.10	PASS Service Plan Authorization and Renewal.....	45
5.11	PASS Performance Standards.....	46
5.11.1	Timeliness of Assessment and Service Plan Development	46
5.11.2	Parent Satisfaction	47
5.11.3	Provision of PASS Services.....	47
5.12	Licensure Requirements for Clinical Consultants employed by Certified PASS Agencies.....	47
6.0	CERTIFICATION STANDARDS	48
6.1	Requirements for Organization of Delivery of Service	48
6.2	Agreement to Accept Appropriate Referrals	48
6.2.1	Provision of Authorized Services	49
6.3	Family Centeredness, Client Rights, and Ethical Standards of Practice.....	49
6.3.1	Family Centeredness and Consumer Direction.....	49
6.3.2	Family Rights and Responsibilities	49
6.3.3	Ethical Standards	51
6.4	Coordination and Communication with CEDARR Family Centers.....	52
6.4.1	Initial Referral to a CEDARR Family Center.....	53
6.4.2	CEDARR Family Center Initial Family Assessment (IFA) and Basic Services.....	53
6.4.3	CEDARR Family Center Care Plan.....	53
6.4.5	CEDARR – PASS Agency Dispute Resolution Process.....	54
6.4.5.1	PASS Agency and CFC Disagreement Resolution Process	54
6.4.5.2	DHS Fair Hearing Process/Appeal Rights.....	54
6.5	Strength of Program Approach: Process of Care and Management of PASS Service Components.....	55
6.5.1	Process of Consumer-Directed Care.....	55
6.5.1.1	Approach and Guidelines.....	55
6.5.1.2	Screening and Intake for PASS Services.....	56
6.5.1.3	Assessment and Service Plan Development an Renewal Procedures.....	56
6.5.1.4	PASS Direct Services Procedures.....	57
6.5.1.5	Service Plan Implementation Procedures	57
6.5.1.6	Clinical Consultation Procedures.....	58
6.5.2	Management of PASS Services	59
6.5.2.1	Roles and Scope of Practice.....	59
6.5.2.2	Supervision.....	60
6.5.2.3	Staffing and Staff Qualifications	60
6.5.2.3.1	Family Support Coordinator	60
6.5.2.3.2	Clinical Consultant.....	61
6.5.2.3.3	Direct Service Worker.....	61
6.5.2.3.4	Agency Orientation and Training.....	61
6.5.2.3.5	Preparation of Staff.....	62
6.6	Timeliness of Service, Other Access Standards	62
6.6.1	Timeliness Standards for New Referrals	62

6.6.1.1	Assessment and Service Plan Appointment.....	62
6.6.1.2	PASS Service Plan Submission	63
6.6.1.3	Service Plan Implementation/Commencement of Direct Service Activities	63
6.6.2	Timeliness Standards for Renewing Service Plan	63
6.6.3	Timeliness Standards for PASS Service Plan Review Process... ..	63
6.6.4	Hours of Service	63
6.6.4.1	Continuity of Care/Back-Up Plan	64
6.6.5	Measures of Parent Satisfaction.....	64
6.7	Service Monitoring and Reporting.....	64
6.7.1	Quarterly Reports.....	64
6.7.2	Annual Reports	65
6.7.3	Additional Service Monitoring and Reporting	66
6.8	Record Keeping Requirements	66
6.9	Emergency Coverage	66
7.0	QUALIFIED ENTITY.....	66
7.1	Incorporation and Accountable Entity	67
7.1.1	Partnership or Collaboration	67
7.2	Governance and Mission	67
7.3	Well Integrated and Organized Management and Operating Structure.....	68
7.3.1	Administration	68
7.3.2	Financial Systems	69
7.4	Human Resources, Staffing	70
7.5	Quality Assurance/Performance Improvement.....	72
7.6	Information Management, Record Keeping	73
7.7	Health and Safety, Risk Management.....	75

APPENDICES

Appendix 1:	Definition of Medical Necessity	76
Appendix 2:	CEDARR Family Center Review and Authorization Process for PASS.....	77
Appendix 3:	Description of Conditions Associated with Target Populations	80
Appendix 4:	Provider-Agency Responsibility for Monitoring Medicaid Eligibility.....	83
Appendix 5:	Licensure and Practice Standard	84
Appendix 6:	Appeal Rights-Rhode Island Department of Human Services	85
Appendix 7:	Service Monitoring and Reporting Requirements	89

State of Rhode Island
Department of Human Services
Center for Child and Family Health
Certification Standards
Providers of Personal Assistance Services and Supports (PASS)

1.0 SERVICE INFORMATION AND BACKGROUND

1.1. Introduction

Rhode Island is committed to the development of home and community-based support systems for families of children and youth with special health care needs (CSHCN) that reflect the values of self-determination and independence. These values guide the development of services and supports to enable children and youth with special health care needs to grow, develop and live as independently as possible in their homes and community. These supports and services will maximize opportunities to succeed in the least restrictive and most natural settings. As these children and youth mature into adulthood, the skills developed through these services will help them take greater responsibility and control of their own care.

To promote these community based support systems and services, The Rhode Island Department of Human Services (DHS) is soliciting applications from qualified organizations to become certified as Personal Assistance Services and Supports (PASS) PASS Agencies for Medicaid eligible Children with Special Health Care Needs. PASS Agencies (PAs) will play a critical role in supporting and facilitating the availability of consumer/family directed PASS services for these children and their families.

They will do this by assisting the family in an assessment of current circumstances and family preparedness to undertake the level of responsibilities required for consumer-directed services. The PA will assist in the development of an individualized PASS Service Plan for participating children and families. Once the Service Plan is developed and approved by DHS, the PA will provide operational supports to families in the recruitment, training, and supervision of personal assistants and serve as financial agent for the family in the their employment of personal assistants. These personal assistants,

Direct Service Workers, will help Children with Special Health Care Needs participate actively in their home and community settings. To help support the success of PASS for a child and family, the PA will provide regularly scheduled Service Plan Implementation to the child and family including periodic plan review and renewal.

PASS will be implemented through consumer-directed models of care, calling for greater levels of parent/guardian and family involvement and responsibility than is typical with agency directed services.

Personal Assistance Services and Supports focus on and are expressly designed to achieve, promote and strengthen children and youth with special health care needs in the following domains:

- Ability to accomplish essential activities of daily life
- Ability to make self-preserving decisions
- Ability to participate in social roles and social settings

Consumer-directed services would reduce the dependency of children and families on agencies by giving them choices in the manner of recruitment, training and supervision of personal assistants. These consumer-directed activities can permit greater flexibility to families, permitting them to hire neighbors, friends or other family members living outside of the home to perform these personal assistance functions.

This certification process and the issuance of these Certification Standards provide the basis for DHS determination of agencies eligible to participate in and receive payment for provision of PASS. These Certification Standards establish the procedures and requirements for PASS services as administered by DHS.

Personal Assistance Services and Supports will require prior authorization. These standards describe the basis and mechanisms of prior authorization, as well as for payment for services. Recommendations to DHS for prior authorization for these services and their subsequent renewals will be managed by CEDARR Family Centers. Families will be free to work with the certified PASS Agency of their choice in the establishment and management of their PASS services.

These Certification Standards serve to provide families, potential applicants, service providers and other interested parties with a full description of Personal Assistance Services and Supports, including guidance as to certification requirements, methods for application, and evaluation standards. Sections 1 through 5 contain service description and background as follows:

- Section 1: Service Information and Background
- Section 2: Certification Process

- Section 3: Background and Rationale for Development of Personal Assistance Services and Supports
- Section 4: Target Population and Location of Service within the Continuum of Care
- Section 5: Service Description - Required Scope of Services

Section 1 provides an introduction to the service, Section 2 describes the process for certification and Section 3 contains a statement of the need for the service and the processes leading to development of these standards. Section 4 identifies the group of children that this service is expected to benefit and delineates how this service relates to the overall continuum of care. Section 5, Service Description, contains a detailed description of the service and identifies core requirements for the service.

The Certification Standards include two additional sections as follows:

- Section 6: Requirements for Organization of Service Delivery - Performance Standards
- Section 7: Qualified Entity Requirements

Sections 6 and Section 7 specifically describe the requirements for certification. Satisfactory compliance with these requirements must be demonstrated for certification; continuing compliance is required in order to maintain full certification status.

Certification applications will be primarily focused on Section 6. Although certified entities must comply with the requirements set forth in Section 7, the requirement to demonstrate such compliance in the application itself is more limited. Attachment A, Application Guide, provides more detailed instruction as to how to develop the certification application.

1.1.1 Personal Assistance Services and Supports

Personal Assistance Services and Supports (PASS) are specialized consumer-directed services provided through a Certified PASS Agency to Medicaid eligible children living in the home who have been diagnosed with certain significant physical, developmental, behavioral or emotional conditions.

Section 4.0 provides greater discussion about the target populations for this service and criteria to be used in determining the appropriateness of the service for a child. PASS is intended to help children and youth meet their personal care needs and enhance their ability to participate in the community. PASS can only be provided when there is documented medical necessity for this service (See Appendix 1: Definition of Medical Necessity) and evidence that PASS can meet the needs of Children with Special Health Care Needs.

While families differ in the degree of control and decision-making they may want to have in obtaining services, PASS may not be appropriate for some families at certain points in

time because of the amount of responsibility the family must assume in comparison with more traditional agency based services. However, a limitation of traditional agency control of services is that it prevents the family and ultimately the child or youth from having the option to gain the skills necessary for independence of action. Similarly, family members and caregivers may find it difficult to generalize the positive benefits of agency controlled services to a less restrictive and more natural setting because of the inherent dependency consequent to services provided through a professional provider agency-based model. Reasons for this dependence can include:

- Replacement of the parent or caregiver as the authority figure in the child's care by professionals
- Frequent focus on limitations and needs of the child rather than strengths
- Provision of services based on agency scheduling and not on the natural daily rhythms of the family
- The choice of personnel, identified tasks, and the evaluation of worker performance as the responsibility of the agency and not the family

As an option for some children and families who have been reliant on provider-agencies to provide such services as Private Duty Nursing, Certified Nursing Assistant Services, and Home Based Therapeutic Services, the PASS program will provide children and families the opportunity to thrive and succeed within the context of their home and community environment. Unlike other services, the PASS program is implemented through a consumer-directed model of care, and the ultimate goal of the services provided will be that children and families have maximum control and choice over the specifics of service delivery. In medically complex cases, families will work with the CEDARR Family Center to create a level and quality of care within the Service Plan that ensues the safety of all involved parties.

The child's family will assume a critical role in directing support services for their child. Over time, it is also anticipated that the child will increasingly participate in the decisions about these supports. This will help the child participate as fully and as independently as possible in natural community settings and to reach his or her own potential. This is particularly central as the child transitions from one stage of development to another and into adulthood.

PASS Direct Services are designed to facilitate the abilities of children and youth to accomplish tasks that without a disability they would normally perform. However, these services are not intended to replace services for which these children are otherwise entitled to through Early Intervention, Special Education, Head Start and/or programs for which they have a medical need such as Private Duty Nursing. PASS Direct Services are provided in accordance with an approved Service Plan as a component of a CEDARR Family Care Plan (FCP). This plan must reflect the collaboration of the PA and the family. The four specific services for which certified PASS Agencies can be reimbursed are:

- ◆ Assessment and Service Plan Development

- ◆ PASS Direct Services
- ◆ Service Plan Implementation
- ◆ Clinical Consultation

1.1.1.1 Assessment and Service Plan Development

The first reimbursable service is the Assessment and Service Plan development completed by the PA with families referred for PASS. A preliminary component of the assessment is to understand the current circumstances of the family, reconfirm the appropriateness of the PASS program for the child and family and their ability to benefit from PASS, and a review of the steps necessary for the family to have the greatest degree of involvement and control in managing PASS services. This assessment will include a review of the information gathered during the Initial Family Assessment (IFA) and Family Care Plan (FCP) conducted by the CEDARR Family Center. The assessment then serves as the foundation to prioritize individualized assistance needs of the child within the three domains:

- Ability to accomplish activities of daily life
- Ability to make self- preserving decisions
- Ability to participate in social roles and social settings

These needs will be outlined to fit into the schedule of the child and family's daily routine. Upon determination that these needs can be met by PASS, a Service Plan is developed. The plan will set forth specific goals and objectives as well as the respective roles of the family, the PA, and the PASS Direct Service Worker. The plan will define the activities for, and settings in which, the child requires assistance, the level or method of assistance required, the schedule when assistance will be provided, the desired outcomes of the assistance, and a back-up plan.

Service Plans are renewable every six months using the same criteria for appropriateness as the initial Service Plan. Any revisions will be based on the ongoing collaboration of the PA and the family. Specific requirements of the Service Plan are further outlined in Section 5.4.1.

1.1.1.2 PASS Direct Services

The second reimbursable service is Direct Services. Direct Service Workers as employees of PASS Agencies provide these activities. The PASS worker will, in accordance with an approved Service Plan and work agreement, provide one-to-one Personal Assistance Services and Supports in the context of the child's natural environment. These activities serve as the primary methods to attain goals and objectives within the three domains:

- Ability to accomplish activities of daily life
- Ability to make self- preserving decisions
- Ability to participate in social roles and social settings

This is accomplished by a PASS worker providing hands-on assistance, supervision, guidance, cueing and redirection to Children with Special Health Care Needs to engage in cognitive, physical and social activities. In some cases, this may be an extension of skills included in a child's Individual Educational Plan (IEP) or Individualized Family Services Plan (IFSP) to promote transfer of learning and generalization to these more natural settings. Coordination will occur through the CEDARR Family Center and the local school system or Early Intervention Program.

Specific requirement around Direct Service Worker activities are further outlined in Section 5.4.2.

A certified PASS Agency will use specific procedure codes and be entitled to submit claims for reimbursement by DHS for sessions of direct service provided to an eligible child by an appropriately trained Direct Service Worker. The Agency, in turn, will pay the PASS worker for hours worked.

Newly assigned PASS workers receive training and orientation that will include; generalized information about service activities, consumer-directed care, payroll duties, as well as cultural competency information and other related aspects of care. To properly prepare Direct Service Workers, general trainings will be provided or coordinated by PA staff; the family will be responsible for the provision of detailed information about a child's condition as well as child-specific training. Specific requirements around training are further outlined in Section 6.5.2.3.4.

1.1.1.3. Service Plan Implementation

The third reimbursable service is Service Plan Implementation. Consistency between the PASS Service Plan and the document's implementation is crucial for continual focus on the following three domains:

- Ability to accomplish activities of daily life
- Ability to make self- preserving decisions
- Ability to participate in social roles and social settings

Service Plan Implementation activities will include assistance in problem resolution and Service Plan troubleshooting, as well as administering payroll to Direct Service Workers, and communication with the family. Periodic contacts between the Direct Service Worker and the PA will be made on an on-going basis. Service Plan Implementation may require a more intense level of effort by all involved parties during the first 60-days of PASS Service Plan Implementation, after which a less frequent and intensive level of involvement by the PA is expected.

Copies of all Service Plans, back-up plans, 6 month plan reviews, and the process notes from the monthly monitoring visits shall be maintained in the child's file and shared with

CEDARR Family Center at appropriate times, (i.e. CEDARR Family Care Plan review and revision).

Specific requirements of each participant in Service Plan Implementation are further outlined in Section 5.4.3.

1.1.1.4. Clinical Consultation

The fourth reimbursable service is Clinical Consultation with the family by a Clinical Consultant employed by a certified PA. Clinical consultation is designed to provide periodic support to help strengthen a family's ability to maintain the child at home within the context of the PASS consumer-directed model. This service involves a face-to-face visit with the family one time every two months. Clinical Consultation supplies both the family and the staff of the certified PA with professional expertise and technical assistance in the following PASS domains:

- Ability to accomplish activities of daily life
- Ability to make self- preserving decisions
- Ability to participate in social roles and social settings

Specific requirements of Clinical Consultation are further outlined in Section 5.4.4.

1.2 Intended Outcomes of Certification Standards and Services

PASS will expand the range and capacity of direct services available to meet the needs of Children with Special Health Care Needs. PASS provides a great deal of flexibility in staffing and maximizes family control and choice. The core goal of PASS is to facilitate independent community living and participation in the most natural and least restrictive environment.

The availability of certified Personal Assistance Services and Supports is intended to:

1. Improve the access to and provision of services to children as authorized by CEDARR Family Centers. Certified PASS Agencies are expected to render efficient, cost-effective services to assist children to be socially integrated in their community, meet their personal care needs and to make self-preserving decisions in their natural home and community environment.
2. Provide a family-directed service option, maximizing the choices and control of Children with Special Health Care Needs and their families by allowing them to actively participate in their care without dependence on an agency-based model of care.
3. Empower children and families to be in control of their care and support self-determination.

4. Improve and expand the continuum of services available to families and Children with Special Health Care Needs by providing a less therapeutically intensive service option. PASS may complement or substitute for more intensive therapeutic services currently in high demand.
5. Expand the pool of direct service providers currently available to families and Children with Special Health Care Needs through recruitment of workers who are associates of the child and family.
6. Strengthen the relationships between Children with Special Health Care Needs and their communities. PASS will help foster and enhance a child's independence, social integration skills, and his/her community involvement and participation.
7. Facilitate the transition of Children with Special Health Care Needs from the child's system of care to the adult system of care.

1.3. PASS as a CEDARR Direct Service

Certification of PASS Agencies for the provision of Personal Assistance Services and Supports is intended to further the "Statewide Vision for Children and Families with Special Health Care Needs." This vision was developed by the Leadership Roundtable on Children with Special Health Care Needs, a representative group of family members, providers, public and private administrators and advocates convened for planning purposes by the Director, Department of Human Services.

Statewide Vision "All Rhode Island children and their families have an evolving, family centered, strength based system of care, dedicated to excellence, so they can reach their full potential and thrive in their own communities." Leadership Roundtable on Children and Their Families with Special Health Care Needs, April 15, 1999

All CEDARR Family Centers provide information and support services to families of Children with Special Health Care Needs. Linking families to appropriate resources (e.g., clinical specialists or services) and providing time-limited care coordination are central aspects of the CEDARR system of care.

CEDARR stands for Comprehensive Evaluation, Diagnosis, Assessment, Referral and Reevaluation services and supports. The CEDARR Program Initiative includes two broad delivery system components:

- CEDARR Family Centers, and
- CEDARR Certified Direct Services

The CEDARR Family Center Certification Standards more fully describe the role of the CEDARR Family Centers and the related Certification Standards. They are available on line on the DHS website reached at www.dhs.ri.gov

CEDARR Direct Services are specific services developed pursuant to the CEDARR Initiative and available to Medicaid beneficiaries when included as part of an approved CEDARR Family Center Family Care Plan. Development of CEDARR Direct Services is based on two principles:

- 1) Identification of current service needs and gaps in health care services for children and families with special health care needs; and
- 2) Establishment and operation of an accountable system for the purchase of appropriate, high quality services to meet those needs.

The CEDARR Direct Service Certification Standards for PASS outline the service, specify the requirements that must be met to be a certified provider and provide guidance to interested parties who may choose to apply for certification. DHS reserves the right to amend these standards periodically, with reasonable notice to participants.

1.3.1 Prior Authorization, Coordination with CEDARR Family Center and Reimbursement

PASS Agencies require prior authorization from DHS in order to be reimbursed for PASS services. CEDARR Family Centers make recommendations to DHS for authorization of services. All claims are adjudicated by Electronic Data Systems (EDS) in accordance with DHS and Medicaid Policy program rules. EDS notifies PASS Agencies in writing that an authorization has been formally entered into the claims system. PASS Services provided in the absence of a prior authorization shall not be reimbursed. Claims for all services will be submitted by the certified PASS Agency and processed by EDS.

1.3.2 Period of Authorized Service and Reimbursement

The period of authorized service and the number of direct service hours authorized are stipulated in the prior authorization (PA) notice. Based on the PA, reimbursement is provided for each of the four service components: (1) Assessment and Service Plan Development, (2) Direct Services, (3) Service Plan Implementation, and (4) Clinical Consultation.

The maximum period for authorization of a PASS Service Plan is six months. Initial PASS Service Plans may be authorized for a shorter period in order for their renewal date to coincide with the date of the review and revision of the CEDARR Family Plan. There is no limit to the number of PASS service cycles that can be recommended by a CEDARR Family Center and authorized by DHS. However, a child can receive PASS through only one Family Support-Agency during a given authorization period.

1.3.3 Coordination with CEDARR Family Center for Prior Authorization of PASS

A family may contact a CEDARR Family Center for a variety of reasons. Based on the child and family's interest, the CEDARR Family Center will conduct an Initial Family Assessment (IFA), working with the family to understand their special needs and circumstances, and review available options. As appropriate, the CEDARR Family Center develops a Family Care Plan (FCP) that may identify a range of specialized service options and providers, including recommendations for CEDARR Direct Services (e.g. PASS) and/or any combination of service options determined to best meet the needs of the child in the safest, least restrictive and most natural setting.

If PASS is identified as a potential direct service, the CEDARR Family Center will inform the family of the risks, rights and responsibilities inherent in the consumer-directed nature of this direct service and available choices of PASS Agencies to work with families to access PASS. The family, with guidance from the CEDARR Family Center, if desired, will choose the PASS Agency with which they want to work. The CEDARR Family Center will provide information from its own assessment to the PASS Agency to avoid duplication of effort and unnecessary repetitions by the family.

In developing the proposed Service Plan, the PASS Agency and the family will conduct a more focused assessment directed toward determining specific activities and schedules during which assistance is required and the details of the proposed Service Plan. The CEDARR Family Center will review the proposed Service Plan and based on its clinical review and concurrence, a recommendation for authorization is made to DHS.

Appendix 2 provides a further outline of the CEDARR review process.

1.4 Commitment to Family Centered and Consumer-directed Care

The CEDARR Initiative seeks to incorporate the key elements of family centered care into practice, and, as a consumer-directed service option, PASS builds upon this commitment and further expands the participation of the family. Participating PASS Agencies are required to develop practices and services to facilitate consumer-direction in the program, and remain consistent to the overall principles of family centered care. Core practices include:

- 1) Incorporating into policy and practice the recognition that the family is the constant in a child's life and the experts in his/her service needs, while the service system and personnel within those systems fluctuate.
- 2) Maximizing choice and control for families, this will build on their strengths and expertise, to provide the strongest and most coordinated support for the child.
- 3) Providing individualized services in the context of their natural family environment in accordance with the unique strengths, needs and the potential

of each child, guided by the child specific care plan that recognizes health, emotional, social, and educational strengths, and developed with the maximum level of family involvement.

- 4) Facilitating family/professional collaboration at all levels of care and facilitating active child and family participation in the design, development, operations, and evaluation of home and community based services
- 5) Exchanging complete and unbiased information between families and professionals in a supportive manner at all times.
- 6) Incorporating into policy and practice the recognition and honoring of cultural diversity, strengths and individuality within and across all families, including ethnic, racial, spiritual, social, economic, educational and geographic diversity.
- 7) Encouraging and facilitating family-to-family support and networking.
- 8) Appreciating families as families and children as children, recognizing that they possess a wide range of strengths, concerns, emotions, and aspirations beyond their need for specialized health, developmental, and social services and support.
- 9) Ensuring services that enable smooth transitions among service systems and natural supports that are appropriate to the developmental stages of the child and family.

2.0 CERTIFICATION PROCESS

2.1 Submission of Certification Application Required

There is no limit to the number of entities that may become certified as PASS Agencies. Applications for certification may be submitted by any agency. All PASS applicants will be evaluated on the basis of written materials submitted to DHS addressing Certification Standards. DHS reserves the right to conduct on-site reviews and to seek additional clarifications prior to final scoring.

Potential applicants may submit applications for certification to DHS any time after the issuance of these Certification Standards. Application reviews will be scheduled periodically by DHS based on receipt of applications. Agencies will be notified of their certification status when the review is complete. Applicants should anticipate a minimum of six weeks for the review process.

2.2 Instructions and Notifications to Applicants

This document sets forth the Certification Standards for PASS Agencies. In accepting certification from DHS, Certified CEDARR direct service providers agree to comply with these certification standards as presently issued and as amended from time to time by DHS, with reasonable notice to providers.

These Certification Standards also provide an application guide for applicants. Sections 6 and 7 of this document identify the core standards against which applicants will be evaluated.

Within Sections 6 and 7, specific standards and expectations are identified. Applications will be scored on the basis of responses to each of these specific standards and expectations. Applications are to address each of these areas in the sequence presented. Applicants are to use the numbering system in these standards to identify the sections being addressed in the application. Incomplete applications will be returned without further review.

Applicants are advised that all materials submitted to the State for consideration in response to these Certification Standards will be considered to be Public Records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception.

Interested parties are encouraged to contact the Center for Child and Family Health (CCFH) for further information and clarification. Letters of Interest are strongly encouraged to ensure that DHS is able to keep interested parties up to date regarding scheduled meetings or program clarifications that may be needed. Inquiries and completed applications should be directed to:

Sharon M. Kernan, RN, MPH
Assistant Administrator
Center for Child and Family Health
Department of Human Services
600 New London Avenue
Cranston, Rhode Island 02920
Phone: (401) 462-3392

Once an agency is certified as eligible to provide PASS, the provider shall be enrolled with EDS as a provider of these services. If you have any questions about the enrollment form or enrollment process, please call EDS at 1-800-964-6211.

2.3 Information for Interested Parties

Upon initial release of these CEDARR PASS Certification Standards, DHS staff will be available to provide information for those pursuing certification applications. If appropriate, DHS will provide written addenda to these standards to further clarify certification requirements.

2.4 Certification

As set forth in these standards, certification as a PASS Agency is required in order for DHS to reimburse it for provision of PASS services. Certification requires that PASS Agencies adhere to these standards and performance expectations, as well as provide periodic reports to DHS. These Certification Standards include certain performance standards.

Subsequent to certification, DHS will monitor the performance of certified PASS Agencies and their continued compliance with certification requirements. Certified agencies are required to notify DHS of any material changes in their organization's circumstances or in program operations. On the basis of ongoing monitoring, including review of required reports submitted by certified agencies, DHS may identify deficiencies in performance and/or compliance with certification requirements. Based on such review and related communications, certification status may be modified to Provisional Certification. Fully Certified and Provisionally Certified agencies will be reimbursed using different rate schedules (see Table 2 in Section 2.4.2 for Rate Schedules; see Section 2.5, "Continued Compliance with Certification Standards" for a fuller discussion of Provisional Certification).

2.4.1 Possible Outcomes of Certification Review Process

Certification applications will be reviewed and scored based on the degree to which an applicant demonstrates a program that complies with the requirements set forth in these PASS Certification Standards.

Three basic outcomes are possible as a result of the application review process. These are:

- Certification—no conditions
- Certification—with conditions
- Not certified

As a result of the review, applications may be deemed in compliance with all requirements and be offered "Certification with no conditions". Alternatively, an applicant may describe a program that meets most of the Certification Standards, but for one reason or another does not fully comply with the certification requirements at the time of application submission. In such case the applicant may be offered "Certification with conditions" and application deficiencies will be identified by the State. The applicant will be required to address them by submitting an amended proposal with specific dates for addressing deficient areas of compliance. This plan must be accepted and approved by DHS.

In other cases the review team may determine that an application does not meet the requirements for certification and certification will not be offered to that agency.

Deficiencies in the application will be identified. This will be done without prejudice and interested applicants will be encouraged to address deficiencies and submit an amended application. Certification is not a competitive process limited to a fixed number of providers. Rather, all applicants who demonstrate preparedness to comply with the standards will be certified.

2.4.2 Certification Status and Reimbursement Schedules

Reimbursement for services varies based on certification status. Table 1 lists the possible outcomes of the certification review process and related reimbursement rate schedule.

Table 1: Certification Status and Applicable Reimbursement Schedule	
Certification Status	Reimbursement Rate Schedule effective
Certified —no conditions	Schedule A
Certification —with conditions	Schedule A
Provisional Certification —applies only where a previously certified agency is deemed to be out of compliance with standards; provisional certification status cannot last longer than six months; see Section 2.5)	Schedule B

Table 2 lists each of the PASS services and the related schedules of reimbursement. These rates are effective for services provided beginning February 1, 2004.

Table 2: Service Description and Schedules of Reimbursement		
Service Description	Rate Schedule A	Rate Schedule B
Assessment and Service Plan Development and Renewal	Completed Service Plan = X	Completed Service Plan = X
PASS Direct Services	1 session (2 – 3 hours) = X per session (Standard Rate)	1 session (2 – 3 hours) = X per session (Standard Rate)
Service Plan Implementation	X per month (start-up activities in first 60 days) X per month ongoing	X per month (start-up activities in first 60 days) X per month ongoing
Clinical Consultation	1 unit (30 minutes) = X	1 unit (30 minutes) = X

2.5 Continued Compliance with Certification Standards

Certified PASS Agencies shall comply with these PASS Certification Standards throughout the period of certification. Failure of DHS to insist on strict compliance with all certification standards and performance standards shall not constitute a waiver of any of the provisions of these certification standards and shall not limit DHS' right to insist on such compliance. DHS will monitor and evaluate PASS Agencies for compliance with Medicaid and State laws as well as these Standards and DHS regulations and policies pursuant to the management of PASS. PASS Agencies are required to provide periodic reports to DHS as identified in Section 6.7, "Service Monitoring and Reporting." For purposes of review, certified and provisionally certified providers will provide access to appropriate personnel and written records by DHS and/or its agents at reasonable times.

DHS reserves the right to apply a range of sanctions to providers that are out of compliance. These may include:

- a) Suspension of new referrals.
- b) Change of certification status to Provisional Certification.
- c) Recoupment of funds when violations of Medicaid regulations, State law, or DHS policies, including these Certification Standards have taken place.
- d) Suspension of certification, depending on severity of violation with transfer of clients to another PA
- e) Referral to appropriate legal authorities.

2.5.1 Provisional Certification

As a result of its review activities DHS may identify deficiencies wherein an agency is not in satisfactory compliance with the certification and or performance standards. In such instance, DHS will notify the agency in writing of such deficiencies and will set forth a period of time within which the agency must come into compliance or provide a corrective action plan acceptable to DHS. Such corrective action plan will include specific steps to be taken to come into compliance and defined dates for achievement of those steps.

The length of the period set to come into compliance or to have a corrective action plan accepted by DHS will depend on the specific circumstances. In cases, for example, where the safety of a child may be in jeopardy such period may be as short as twenty-four (24) hours; under no circumstances shall the period exceed thirty (30) days from the date of notification of deficiency.

In the absence of a plan acceptable to DHS or in the event of failure to meet the timelines set forth in the corrective action plan, DHS retains the right to modify certification status of the agency to provisional. Provisional Certification will remain in effect until DHS determines that there is, in its judgment, satisfactory resolution of deficiencies. The duration of Provisional Certification status shall not exceed six months at which point

continued non-compliance with DHS requirements shall result in de-certification. The foregoing represents DHS' preference to engage in constructive remedial activity where deficiencies may be present. The foregoing shall not however, limit DHS' rights to de-certify a provider in the event of non-compliance and failure to take responsive action to address deficiencies. Nor does it limit any remedies available to DHS under existing federal and state Medicaid law and policy.

2.6. DHS Responsibilities

DHS has the responsibility to inform appropriate State agencies of any instances of fraud, suspected fraud or misuse of Medicaid funds and professional misconduct.

As a Medicaid provider, the PASS Agency is obligated to comply with all applicable state and federal rules and regulations. Certified PASS Agencies agree to comply with DHS program requirements. DHS reserves the right to amend program requirements periodically, with reasonable notice to certified PASS Agencies.

2.6.1. Oversight and Authorization

DHS, in accordance with Medicaid regulations, may place limits on services (e.g., establish amount, duration, and scope of services) and exclude any item or service that it determines is not medically necessary, is unsafe, experimental, or is not generally recognized as an accepted method of practice.

3.0 BACKGROUND TO DEVELOPMENT OF PERSONAL ASSISTANCE SERVICES AND SUPPORTS

Personal Assistance Services and Supports enrich the continuum of available services to Medicaid eligible Children with Special Health Care Needs and increase the extent of self-direction for families over their child's care. Until the development of these Personal Assistance Services and Supports, there were very few options available to Children with Special Health Care Needs for personal assistance services, family driven/consumer-directed or otherwise.

As a CEDARR Direct Service, PASS will further enhance the options available for this population. The PASS services option expands child and family choice, and decrease reliance and dependency on agency based models of care. This decrease in reliance on agency-based models of care can, in and of itself, provide a therapeutic benefit to children through the maximization of independence. This is particularly important as they prepare to transition into the adult system of care. These existing services while often necessary for medically complex children, when accessed independent of a PASS Service Plan, may promote dependency and restrict opportunities as they do not provide the prospect of full community living and participation. Examples of services that these children may be receiving currently or also may be eligible for are Private Duty Nursing, Certified Nursing Assistance and Home Based Therapeutic Services and Therapeutic

Child and Youth Care. The following sections provide a brief description of the continuum of available services and the current populations being served.

3.1 Private Duty Nursing Services (PDN)

Through Medicaid and the EPSDT benefit, in January 2004 there were approximately 135 children dependent upon medical technology for their daily medical needs and receiving private duty skilled nursing care services in their homes in Rhode Island on a one-on-one basis. The program serves children from birth up to age 21 who are Medicaid eligible by virtue of Supplemental Security Income (SSI), the Rhode Island Katie Beckett program or Department of Children, Youth and Families (DCYF) Adoption Assistance, and who have complex medical needs or chronic illnesses. Services include assessment, planning, nursing interventions and teaching family and caregivers necessary skills to safely maintain the child at home. Many of these children do participate in daily activities outside of the home (e.g. school, education) with sufficient supports. A wide variety of conditions and levels of medical complexity exist, ranging from children requiring continuous assistance of respiratory support (i.e. ventilator dependent), to those requiring intermittent treatment and intermittent nursing care. While, this service focuses on children whose needs for skilled professional care are at a level of high intensity, some portion do not require full time services from nurses. The level of medical complexity varies, as does the stability of their condition. For some, private duty nursing services are the only option available in the existing continuum of care. For a given child and family, consumer-directed PASS services may be an appropriate substitute for all or some private duty nursing services.

3.2 Certified Nursing Assistant (CNA) Services

Through Medicaid and the EPSDT benefit, in January 2004 there were approximately 100 children who receive CNA services in their home on a one-on-one basis, who are Medicaid eligible. These services are authorized to assist the family in supporting the child's activities of daily living including personal care, feeding, dressing, mobility and rehabilitative or habilitative needs. These services must be provided through a licensed home care agency by a certified nursing assistant and supervised by a Registered Nurse. While CNA services also provide for children's whose needs for skilled professional care are at a level of high intensity, consumer-directed PASS services may be a more appropriate service option.

3.3 Home Based Therapeutic Services (HBTS)

Over 400 children in January 2004 were currently receiving Home Based Therapeutic Services through Medicaid and the EPSDT benefit. These children live at home and participate in the community and receive one-on-one services at home to address skill development or retention of skills to reduce or ameliorate deficits in cognitive, communicative, psychosocial and physical functioning. Services are authorized for the purposes of maintaining, stabilizing or improving the child's current level of functioning. Children receiving these services have a range of moderate to severe diagnoses, including

autism spectrum disorders, behavioral health issues, and developmental disabilities. While HBTS is also a service for children with high intensity special health care needs, consumer-directed PASS may be a more appropriate service for some of these children or be a less restrictive substitute for a number of hours otherwise devoted to HBTS.

3.4 PASS Workgroup

In the spring of 2002, a series of three PASS focus groups convened to form the PASS workgroup. This workgroup included family members, representatives of advocacy agencies, and DHS staff. The members of the workgroup discussed various issues related to the creation of the Personal Assistance Services and Supports and contributed and provided insight into important program design decisions. The members of the group helped to specify key concepts to be included in these PASS certification standards as PASS was developed as an alternative and/or complementary to other more restrictive services.

During the winter of 2003, another series of PASS focus groups were held, specifically designed to provide basic information about PASS services and assess training needs of target populations. Those targeted for the groups were potential consumers (families of Children with Special Health Care Needs) and staff from CEDARR Family Centers. In addition to identifying training topics, assistance was provided by these groups in clarifying important information to be incorporated into these standards.

These certification standards developed for Personal Assistance Services and Supports are intended to provide the necessary guidance to increase access to and options for personal assistance services for Children with Special Health Care Needs and address key service continuum gaps identified by the workgroup. While PASS services are for children whose needs for skilled professional care is at a lower intensity level, it may be a less restrictive substitute for a number of hours otherwise devoted to more intensive services.

4.0 TARGET POPULATIONS AND LOCATION OF SERVICE WITHIN CONTINUUM OF CARE

4.1 Eligibility

The population eligible to be served by Personal Assistance Services and Supports is:

- 1) Medicaid eligible children, from birth to their twenty-first birthday who are living with their family or legal guardian. This includes children who are eligible for Medical Assistance through SSI, Katie Beckett (through age 18), adoption assistance, Rite Care, and Rite Share. These children have potentially chronic (twelve months or longer in experienced or expected duration) and moderate to severe cognitive, developmental, medical and/or psychiatric conditions whose

level of functioning is substantially compromised and who require assistance and support beyond the care typically provided to all children by their families, and

- 2) Children who are receiving, have received, or have been determined to be eligible to receive a more restrictive and intensive service such as Home Based Therapeutic Services, Private Duty Nursing, and/or Certified Nursing Assistance Services because of their needs for support, and
- 3) Children who would not otherwise be entitled to these services as a result of their eligibility for other program's, e.g. Special Education, Early Intervention, Head Start, and
- 4) Families of eligible children must understand and agree to the risks and responsibilities of managing personal assistance services and supports. They must be able to maintain and sustain their role as primary caregiver of the child and assume the responsibilities of consumer-direct services. Family members in the home may not be currently abusing alcohol or drugs or have any history of physical, mental, sexual or financial abuse.

4.2 Personal Assistance Services and Support Within the Continuum of Care; Appropriateness of this Level of Care

PASS is a service option within the continuum of care. It is not as restrictive as a day treatment program, residential level of care, Home Based Therapeutic Services, Private Duty Nursing, or Certified Nursing Assistant Services. In addition to providing assistance, planned transfer and/or planned generalization of learning in activities of daily living, instrumental activities of daily living, community living and participation, PASS provides opportunities for children and families to actively participate in the care delivered to them. PASS services may be provided in conjunction with other services as part of a coordinated program of care. Appendix 3 includes a description of conditions that may be associated with the target population and PASS. Decisions regarding the appropriateness of this intervention need to take into consideration the appropriateness criteria for PASS set forth below.

4.2.1 Clinical Appropriateness Criteria for Initiation of Service

These criteria pertain to the initial determination of appropriateness of this service as recommended by a CEDARR Family Center and agreed to by the family. Service Plan approval requires all of the following criteria to be met and documented:

- 1) The individual demonstrates symptomatology consistent with a DSM-IV or ICD-9 diagnosis that requires human assistance in order for the child to perform some of the cognitive, physical, and social activities that would be typical for a child their age, (i.e. nature of support or intensity of assistance required is higher and distinctly exceeds the assistance that would ordinarily be expected of the family for a child of a similar age).

- 2) There is evidence that a comprehensive integrated program that includes intermittent, limited, or extensive one-to-one personal assistance services, is needed to support, improve or maintain functioning in age appropriate natural settings.
- 3) The child can be reasonably expected to maintain or improve functioning in physical, behavioral, or cognitive development; communication, socialization, and community participation with PASS.
- 4) PASS can be provided in the home or community without compromising the child's health and safety
- 5) The child is living at home with a parent or legal guardian and the child, the parent(s), or the child's legal guardian are capable and willing to accept the responsibilities of, and cooperate with, PASS program requirements, including the requirements for parental participation and responsibilities involved with consumer-directed services.
- 6) The child's condition must be stable. The child and family require support in order to remain stable outside of an inpatient environment, and/or to transition into a less restrictive setting
- 7) Failing the presence of PASS, the child would require additional units of a more restrictive and agency directed service (e.g., Private Duty Nursing, Certified Nursing Assistant Services, Home Based Therapeutic Services, Day Treatment, Residential or Inpatient Services)

4.2.2 Clinical Appropriateness Criteria for Continuing Care

Reasons for a Service Plan at this level of care to be continued and/or reauthorized involve all of the following criteria:

- 1) Severity of condition(s) and resulting impairment continue to require this level of intervention.
- 2) Service Plan is individualized and appropriate to the individual's changing condition and personal assistance needs
- 3) Progress or maintenance in level of functioning continues. Progress in relation to family priorities is described in observable terms.
- 4) The family is participating to the extent that is required by consumer-direction and agreed upon with the PASS Agency.

- 5) Direct Services are being delivered within 60 days of completing the Assessment and Service Plan Development.

4.2.3 Discharge Criteria

Reasons for discharging a child and family from PASS services can include any of the following:

- 1) Individual no longer requires one-on-one human assistance beyond the age-appropriate support of his/her family and friends to perform the cognitive, physical, and social activities that would be typical for a child their age.
- 2) Withdrawal of consent for intervention from the individual's parents or legal guardian
- 3) Lack of capability or willingness of the family to participate to the extent required by consumer-direction as outlined in the Service Plan and agreed upon by the PASS Agency.
- 4) Loss of Medicaid eligibility (See Appendix 4: Provider-Agency Responsibility for Monitoring of Medicaid Eligibility).
- 5) Child is not benefiting from participation in PASS (i.e. does not maintain or improve functioning in physical, behavioral, or cognitive development; communication, socialization, and community participation according to Service Plan goals and objectives).
- 6) Inability of family to recruit and hire a Direct Service Worker within the allotted 60 days for PASS Service Plan Implementation.
- 7) This level of service is no longer appropriate (i.e. more specialized medical treatment is required, or child can no longer be maintained in the home).

4.2.4 Discontinuing Services

Reasons for a Service Plan to be terminated can involve any of the following criteria:

- 1) Loss of Medicaid eligibility (See Appendix 4: Provider-Agency Responsibility for Monitoring of Medicaid Eligibility).
- 2) Issues that may necessitate termination or temporary suspension of care during a period of authorized treatment include:
 - a. The individual is at risk of harm to self or others, individual or family circumstances have changed such that a more intensive level of service

beyond solely personal assistance services and community-based intervention is required.

- b. The individual's home environment presents safety risks to the staff, including PASS workers, working in the home. These include, but are not limited to; sexual harassment, threats of violence or assault, alcohol or illegal drug use, and health risks.
 - c. The individual, family, or guardian is not successfully following program rules and regulations or is no longer capable or willing to participate to the extent required by consumer-direction and agreed upon with the PASS Agency.
 - d. The child has been admitted to an institutional care setting.
- 3) Child does not maintain or improve functioning in physical, behavioral, or cognitive development; communication, socialization, and community participation according to Service Plan goals and objectives

All instances and circumstances that effect temporary suspension or termination of PASS services are serious and should be avoided if at all possible since it can have a significantly negative impact on the child and family. PASS Agencies have the obligation to effect a smooth transition to a more appropriate service via the CEDARR Family Center whenever possible, and are required to conform to the rules and requirements stipulated by DHS. The period of transition to a more appropriate service shall not exceed thirty (30) days from the notification to the family and the CEDARR Family Center. This period shall occur before the authorization of the plan expires.

4.3 Potentials of Service and Restrictions on Appropriateness

4.3.1 Potentials of Service

PASS can enhance the ability of children with special health care need to live and participate as valued family and community members, thereby fostering their independence. Children and families involved in the PASS program will have direct, ongoing involvement in the service as they actively participate in the delivery of care. The self-determination and maximization of independence of a child participating in PASS will allow her/him to develop and thrive in the most natural and least restrictive environment. Service Plans will be built on the premise that the family is the constant and strongest support for the child and the primary role model toward attaining goals and objectives within the three PASS domains:

- Ability to accomplish activities of daily life
- Ability to make self- preserving decisions
- Ability to participate in social roles and social settings

PASS will also help prepare Children with Special Health Care Needs for the transition to the adult system of care. Through role modeling by parents whom manage and supervise PASS services, children can learn critical life skills in terms of control, independence and empowerment.

PASS will allow Children with Special Health Care Needs to gain these life skills through the implementation of the Service Plan while building on the natural strengths and supports of the family. Potentially, PASS services promote improvements within quality of life indicators such as:

- 1) Therapeutic advances (maximization of independence)
- 2) Avoidance of institutionalization or other out-of-home placements
- 3) Promotion of cultural competency around Children with Special Health Care Needs
- 4) Improved socialization skills

4.3.2 Restrictions on Appropriateness of Service

DHS or the CEDARR Family Center reserves the right to determine that PASS services are being used appropriately to reach target populations. The degree of appropriateness will depend on the target population served and the individual needs of the child. The following guidelines shall be followed:

- 1) PASS will not be used for respite or childcare. Nor will PASS services replace or supplant the typical child rearing roles of a parent or guardian
- 2) PASS involves a great deal of family involvement and responsibility. PASS is not an appropriate service for families unable or unwilling to take on the risks and responsibilities inherent in consumer-directed models.
- 3) PASS will not exist in isolation when other supports are indicated (e.g., family or individual psychotherapy, medical treatment, school services or Early Intervention etc.). PASS may in part substitute and complement other services already in place for the individual. PASS Agencies and families will work to coordinate with other services.
- 4) When children do not meet criteria for PASS, The CEDARR Family Center will investigate and recommend alternative services

5.0 SERVICE DESCRIPTION - REQUIRED SCOPE OF SERVICES

5.1 Service Name and Definition

Personal Assistance Services and Supports are personal care services delivered in a child's home and community settings for children who have been diagnosed with a wide range of physical, developmental, behavioral, or emotional conditions. PASS includes a

range of human assistance services provided to enable individuals to accomplish tasks they would normally perform for themselves if they did not have a disability. This assistance may be in the form of hands-on assistance (actually performing a personal care task for the individual) or cueing so that an individual accomplishes activities for her/himself with supports. These tasks will include, but are not limited to, assistance in activities related to the three domains of PASS services:

- Ability to accomplish activities of daily life
- Ability to make self- preserving decisions
- Ability to participate in social roles and social settings

These three domains encompass areas of daily life critical to a child's ability to succeed in the least restrictive environment. In order to promote this outcome, PASS includes four specific integrated and reimbursable component services. These are:

- ◆ Assessment and Service Plan Development
- ◆ Direct Services
- ◆ Service Plan Implementation
- ◆ Clinical Consultation

A Clinical Consultant within a certified PASS Agency must approve an approved Service Plan aimed at maximizing the participation of children in their natural environments. Once submitted to and approved by a CEDARR Family Center and authorized by DHS, the family, the PASS worker, and the PASS Agency are responsible for successful implementation.

5.1.2 Consumer Direction

The PASS program is a consumer-directed program, designed to maximize the control and choice families have over the specifics of service delivery. This model of care is intended to help decrease reliance and dependence upon agency-based systems of care and build on the natural strengths and expertise of the family.

Families, as consumers, along with certified PASS Agencies, as Medicaid service providers will act as dual employers. The specific roles/responsibilities of each entity are clearly delineated and then contractually agreed upon by all parties in the Service Plan. This model offers a high degree of compliance with regulatory requirements as well as programmatic and fiscal accountability.

As consumer direction is at the heart of PASS services, families have specific and essential responsibilities in each of the four component services. The family's role in (1) Assessment and Service Plan Development sets the framework for all that follows; defining goals, tasks and roles, and setting forth the terms of employment for Direct Service Workers. The PA will work with the family to design the plan.

Under (2) Direct Services, appointed family supervisor(s) will direct the scope and content of worker activities, evaluate performance and make decisions regarding hiring and firing. The PA will support the employment of the Direct Service Worker through payroll administration.

To ensure quality and continuity of care within (3) Service Plan Implementation, ongoing mutual collaboration between PASS families and their chosen PA regarding maintenance of the Direct Service Worker and their capacity to effectively manage their roles as PASS participants is fundamental to programmatic success.

While families individualized needs for (4) Clinical Consultation may change throughout the provision of PASS services, such guidance will be available to participating PASS families.

5.2 Service Components

Specifically, a PASS Agency can be reimbursed for the following:

5.2.1. Assessment and Service Plan Development

This is the assessment and plan development performed to design the PASS Direct Services for an individual child and family. All goals and objectives in the Service Plan and in the scope of the Direct Service Worker activities must be focused in the three PASS domains.

The Service Plan renewal will include a reassessment of the progress toward the goals of the previous plan and the family's circumstances.

Required elements of the Assessment and Service Plan are further described in Section 5.4.1.

5.2.2. Direct Services

These are one-to-one personal assistance services provided by a Direct Service Worker under the direction of the parent/guardian in accordance with an individualized approved Service Plan. All goals and objectives in direct service provision must be focused in the three PASS domains.

Specific elements of the Direct Services are further described in Section 5.4.2.

5.2.3. Service Plan Implementation

These are activities to support the quality and continuity of the PASS Service Plan. The activities promote the provision of reliable, high quality care and long-term retention of Direct Service Workers. By supporting families in their roles as supervisors and helping to maintain the placement of the Direct Service Worker, the PA will promote the goals of

PASS. Additionally, effective Service Plan Implementation facilitates identification and resolution of issues/challenges for PASS families and Direct Service Workers advancing focus on potential Service Plan improvements during renewals.

It is expected Service Plan Implementation will require a more intense level of effort during Service Plan Implementation and therefore will be reimbursed at a higher rate as a result during the first 60 days. During this time, provision and/or arrangement of well-organized orientations and trainings for families and Direct Service Workers in preparation for assuming their respective roles and responsibilities will be absolutely crucial for success within this consumer-directed model.

Required elements of Service Plan Implementation are further described in Section 5.4.3.

5.2.4 Clinical Consultation

The purpose of Clinical Consultation is to provide direct support, assessment, and identify approaches and techniques to enhance PASS family skills and abilities to meet the child's needs, to train and supervise Direct Service Workers and manage daily activities. During the course of PASS services, issues/challenges, new circumstances or clinical concerns may lead to changes in the way Direct Services are provided. As the primary objective is to develop a comprehensive and longer-term approach to maximizing independence, clinical consultation provides family supervisor(s) and the child with expert guidance through periodic review of goals and objectives, observation of child's progress, assisting the family in the appraisal of direct worker's performance, and providing recommendations for techniques and approaches. Clinical Consultation can take place within the PA setting, in the PASS family home, or by phone.

Required elements of Clinical Consultation are further described in Section 5.4.4.

5.3 Units and Rate of PASS Services

Rates of reimbursement for the four service components are based on the certification status of the PASS Agency. The PASS Agency may be fully certified or provisionally certified based on compliance with Certification Standards, including reporting requirements and levels of performance as stipulated in these standards. It is anticipated that provisional certification will be an unusual event. Refer to Table 2, Section 2.4.2 for the authorized rates for each service.

5.3.1 Units and Rate for Assessment and Service Plan Development

The amount of time spent on initial Assessment and Service Plan Development for a PASS family will vary. Reimbursement for Assessment and Service Plan Development is paid at X per 30-minute unit up to a maximum of X for completed Assessment and Service Plan.

5.3.2 Units and Rate for Direct Services

For PASS Direct Services, a unit is a session of service. A session represents a sustained period of activity of the Direct Service Worker with the child. A session is between 2 – 3 hours in duration and focused on providing assistance during a specific period of daily activity. Direct Services are reimbursed at a standard rate of X per session. The maximum number of sessions per week is (8) eight.

5.3.3 Units and Rate for Service Plan Implementation

Service Plan Implementation is reimbursed at a fixed rate of X per month. Direct contact by the Family Support Coordinator with the family and/or Direct Service Worker is expected to be between 1 – 2 hours per month.

As outlined in Section 5.4.3, it is anticipated that Service Plan Implementation during the first 60 days after completion of the Assessment and Service Plan Development will require a more intense level of effort. Therefore, during this time period, reimbursement will be at a rate of X per month, with the amount of direct contact by the Family Support Coordinator with the family and/or Direct Service Worker varying by individual family needs.

5.3.4 Units and Rate for Clinical Consultation

Clinical Consultation is reimbursed at X per 30-minute unit. Face-to-face clinical consultation is required once during every two-month period of a Service Plan and shall not exceed three visits per two-month period. In specific circumstances exceptions to this amount may be made by DHS.

5.3.4 Description of Service Components

PASS services and supports are focused on the three domains critical for a child's ability to succeed in the least restrictive setting. PASS services are specifically directed toward achieving goals and objectives in each of these three domains:

- Ability to accomplish essential activities of daily life
- Ability to make self-preserving decisions
- Ability to participate in social roles and social settings

PASS Service Plans are to set goals and objectives and identify specific actions in each domain. Below is a general description of each of the three domains.

Ability to Accomplish/Perform Essential Activities of Daily Life

In order for children and adolescents to achieve their physical and psychosocial needs, they must be able to accomplish activities of daily living such as eating, dressing,

toileting, and other aspects of personal hygiene. They must also be able to perform the instrumental activities of daily life such as using a telephone and accessing transportation. To be able to regulate oneself, a child must be able to respond to changes in emotions and daily demands of the environment and to cooperate with others in taking care of personal needs, health and safety. It also requires a basic understanding of their body, including normal functioning, and knowing when they are ill and be able to employ effective coping strategies to identify and regulate feelings, thoughts, urges and intentions. Examples of age appropriate behaviors in this domain can be found in Technical Reference Document D.

Ability to Make Self-preserving Decisions

To care for one-self, a child or adolescent must become increasingly independent in making and following personal decisions. This requires displaying consistent judgment about the consequences of various actions. As the child matures, using and testing personal judgment helps develop confidence and competency to make decisions about health and safety, management of self and possessions, lifestyle and leisure activities. This includes making decisions that do not endanger themselves and knowing when to ask for help from others. Examples of age appropriate behaviors in this domain can be found in Technical Reference Document.

Ability to Participate in Social Roles and Social Settings

As children grow and mature, they increase in capacity to initiate and sustain emotional connections with others, develop and use the language of their community, cooperate with others, comply with rules, respond to criticism, and respect the possessions of others. They also become more independent in the ability to make decisions and act autonomously and respond appropriately to the day-to day demands that occur in performing tasks in various social settings. This requires a number of social and interpersonal skills. Children and adolescents must learn how to initiate and respond to exchanges with other people for practical and social purposes. They must also learn how to form intimate relationships with family members and with friends who are their own age and to sustain them over time. To do this, the child and adolescent must be able to respond appropriately to a variety of emotional and behavioral cues. They must be able to do this at home or school or in the community and in the context of playing, learning, and working cooperatively with other children as well as appropriately responding to persons in authority. Examples of age appropriate behavior can be found in Technical Reference Document F.

5.4.1. Assessment and Service Plan Development

The first reimbursable service is the Assessment and Service Plan Development. This section identifies what is required for an Assessment and Service Plan Development to be complete and billable.

When a child is referred by a CEDARR Family Center to a DHS certified PASS Agency, a Family Support Coordinator works with the family to assure families have the requisite

information and/or tools to participate in a consumer-directed approach and to manage the services to be outlined in the Service Plan. It is essential that the family's readiness to participate be assessed prior to development of the plan. Not all families will be prepared to take on the required responsibilities.

The PASS Service Plan is the foundation document for all that follows in PASS services. It is to consist of several critical parts outlined below which build upon one another. The Service Plan begins with an assessment of the circumstances of the child and family focused on the three PASS domains and with specific attention to the normal rhythms of the household and the child's daily schedule. From the assessment flows the identification of goals and objectives with details of Service Plan Implementation and monitoring. Service Plans constitute a written agreement for all involved parties and identifies roles and responsibilities of each party, (PASS Families, Direct Service Worker(s) and PAs). In order to provide a clear basis of understanding for the parties who sign the PASS Service Plan (i.e. the PASS Agency and family supervisor(s)), the plan must contain sufficient detail to serve as a reliable guide for all parties. In some areas, (i.e. those related to tracking and reporting on hours worked), these details will be uniform for all plans; other areas will be more individualized.

All Assessment and Service Plan Development must be completed under the supervision of a qualified health care professional licensed by the Department of Health of Rhode Island as a psychologist, licensed clinical social worker, or registered nurse. Refer to Appendix 5 for information on Licensure requirements.

The Service Plan is based on information provided by the CEDARR Family Center, including the Initial Family Assessment and Family Care Plan as well as information collected during the assessment by the PASS Agency. The PASS Agency staff will collaborate with the family to identify the strengths, capacities, preferences, needs and desired outcomes of the individualized services and supports. The PA will work with the family in prioritizing the child's personal assistance needs within the three PASS domains.

The PASS Agency staff will work with the family using identified strengths; capacities and preferences to develop a Service Plan within program stipulations. A minimum of one home visit to assess health and safety issues must occur before submission of the plan. The PA Clinical Consultant must review and sign the Service Plan prior to submission to the CEDARR Family Center, and subsequently to DHS.

A completed Service Plan delineates the responsibilities of the family, the PASS Agency and the PASS Direct Service Worker. The Service Plan includes a detailed job description, specific information about the appropriate tasks and responsibilities of the PASS worker with relation to the child's needs, (particularly in medically complex cases where additional services may be required to fully meet the needs of the child and family), and the *maximum* number of requested hours. Back-up plans should be included in anticipation of potential absence of the Direct Service Worker. A sample PASS Service Plan and contract can be found in Technical Reference Document A.

A fully completed Assessment and Service Plan will include the following, whose completed parts make up the foundation document of PASS services:

Part A: Assessment of Family Circumstance and Preparedness

Similar to an intake interview, Part A of the Service Plan evaluates several key aspects of overall PASS preparedness; the capacity of the family to assume roles and responsibilities required under the PASS consumer-directed model, and specific needs and strengths of the child and whether he or she meets appropriateness criteria. This assessment looks closely at the impact of the child's disability in the three PASS domains. By collecting information around the following indicators, Part A provides the foundation for designing goal/objectives and outcomes for the PASS family and child:

- Relationships
- Personal Preferences
- Respect
- Choices
- Home/Other environments
- Communication
- Health
- Daily Routines
- Learning needs
- Learning opportunities in the community

Part B: Goals/Objectives and Outcomes within each of the Three PASS Domains:

Once the family's preparedness has been ascertained, Part B identifies at least (1) goal and/or objective in each of the three PASS domains based on information collected in Part A. These goals and objectives serve as the underpinning for Direct Services activities and build upon the child and family's priorities in the home and the community. Additionally, progress on goals/objectives must be measurable within 6 months. PASS goals/objectives developed in Part B do not replace the parent(s) role in the child's daily activities. Goals and objectives outlined in Section B help to further delineate roles and responsibilities for each participant within the provision of Direct Services.

Part C: Intensity, Duration and Services Schedule

The information collected in Parts A and B informs decisions around intensity, duration and services schedule. Because each Service Plan is individually developed, Part C will specify proposed number of hours per week, dates for Service Plan renewal and re-authorization (6 month timetable), and schedule of shifts requiring Direct Service Workers. PASS services are offered within a continuum of services as one element of the CEDARR Family Care Plan, Part C will outline how PASS services fit into the schedule of the child and family while addressing the PASS domains.

Part D: Roles and Responsibilities in Direct Services

Part D summarizes information and decisions made in the previous Service Plan parts in order to outline roles and responsibilities for the PA, the Family, and the Direct Service Worker in the provision of Direct Services. Section 5.4.3 recaps these roles and should be referred to by the PA and the family during the development of the Service Plan. Generally, these responsibilities take into consideration categories such as:

- Allowable activities
- Non-allowable activities
- Reporting responsibilities
- Payroll Procedures

Additionally, Part D will include a Job Description for the Direct Service Worker. A completed Job Description is to be reviewed and completed by the PA and the family. See Appendices 6 and 7 for a specific roles and a sample job description template.

Part E: Implementation Steps and Timeframes

Part E will outline the necessary Service Plan Implementation steps and their respective timeframes as delineated in the previous sections. Direct Services must commence within sixty (60) days of the completion of the Service Plan in order to continue receiving Service Plan Implementation reimbursement. It is expected that a more intense level of effort from all involved parties will be needed initially with particular attention around:

- Recruitment
- Personnel and payroll activities
- Family training, hiring and supervision
- Supervision

Performance standards for a certified PA are deeply embedded in timeliness around the commencement of Direct Services and drive the content of Part E.

Part F: Safety Arrangements

Part F summarizes arrangements necessary to ensure the safety of all PASS participants and maximize programmatic success. While there will be general safety procedures for PASS services, the individual nature of each Service Plan may call for personalized attention in each for each of the following:

- Identification of disability- and non-disability related safety risks and issues in the provision of Direct Services
- Documentation of child-specific training provided by the PASS family to minimize and/or manage untoward events
- General Safety Procedures to minimize and address risk situations
- Incidence Reporting

- Direct Services Back-Up Plan

Part G: Signed Contractual Agreement

The final part of the Service Plan consists of a signed contractual agreement based on the information and decisions made in EACH of the previous parts. Agreements must be read, understand, agreed upon and signed by:

- Appointed family supervisor(s)
- Family Support Coordinator
- PASS Agency Clinical Consultant
- Direct Service Worker(s)

A renewal of a Service Plan is a review and revision of all parts of the prior Assessment and Service Plan. It serves as an evaluation of the child's progress relevant to the goals and objectives of that plan. Revisions or modifications of the goals and objectives may be needed as a result of changes in the child's status or family circumstances and must be agreed upon and approved by all parties.

5.4.2 Direct Services

The second reimbursable service is Direct Services. This section identifies what is required for Direct Services to be complete and billable.

A PASS worker employed by a certified PASS Agency provides PASS direct services. These activities constitute the most visible and intensive portion of PASS and are aimed to assist the child to meet the goals and objectives outlined in the Service Plan. Direct Services activities carried out by the PASS worker will be supervised and monitored by the family and reassessed in a timely manner.

PASS Direct Services Worker activities may include but are not be limited to assistance, either hands-on or with cueing to accomplish the objectives in the Service Plan. Cueing involves the use of signals or prompts which should be sufficient to produce the desired behavior or outcome. After the desired behavior has been produced, reinforcement needs to be given to increase the probability that the desired behavior will occur again. Cues should be faded or gradually tapered off as soon as possible. Examples of cues include words, gestures, modeling, physical prompts and hand-over-hand assistance. Refer to Technical Reference Documents for more information about cueing.

5.4.2.1 PASS Family Roles in Direct Services

- Define and control scope of work in accordance with Service Plan and job description
- Provide training for child's disability and specific activities/tasks outlined in Service Plan

- Respect the Direct Service Worker as an employee, (i.e. not assign or expect tasks outside the appropriate scope of work)
- Evaluate Direct Service Worker in accordance with Service Plan
- Monitor and document progress of child toward Service Plan goals and objectives
- Implement back up plan in the event Direct Service Worker is absent and unable to provide direct services
- Maintain a safe and stable working environment within the home
- Document child's progress in case record
- Follow proper reporting procedures (i.e. incidence reports, safety procedures)

5.4.2.2 PASS Agency Roles in Direct Services

- Oversee management of Direct Service Worker activities in accordance with Service Plan
- Assure proper reporting of hours on timesheets
- Assure proper incidence reporting

5.4.2.3 Direct Service Worker Roles in Direct Services

- Carry out direct services in accordance to job description and Service Plan
- Provide appropriate feedback to identified family supervisor(s)
- Keep progress notes and offer input on child's progress toward Service Plan goals and objectives
- Notify family supervisor(s) immediately in the event she/he is unable to provide direct services
- Obtain written approval from family supervisor(s) prior to any preplanned absence
- Protect health and safety of self, child and family
- Document hours worked and file appropriate tax documents
- Refrain from tasks not delineated in Service Plan (i.e. housekeeping, cooking for other household members)
- Assure proper incidence reporting
- Attend on-going training sponsored by PA

5.4.3 Service Plan Implementation

The third reimbursable service is Service Plan Implementation. This section identifies what is required for Service Plan Implementation to be complete and billable.

The intent of Service Plan Implementation is two-fold; ensure the quality and content of Direct Services, and promote continuity of care through the long-term retention of Direct Service Workers.

Service Plan Implementation is accomplished by continual collaboration between the PASS family and the PA and through various mechanisms of oversight and monitoring in regards to compliance with employer-employee responsibilities and identification of issues or problems. Additionally, the benefits of PASS Direct Services will be greater to

the degree that Direct Service Workers categorically understand their roles and responsibilities, Direct Service Workers receive effective training and supervision in the performance of job activities, and that there is timely implementation of recruitment, hiring, training, and commencement of PASS services.

The specific activities to monitor direct service provision will be negotiated between the PASS Agency and the family. Procedures protecting personal rights and safety will be outlined in agency policy and will serve as a resource for resolutions in the event of issues/challenges between families and Direct Service Workers. Open lines of communication between all parties will render PASS services sustainable over time. Mechanisms assuring progression toward Service Plan goals and objectives must be in place as a function of Service Plan Implementation.

The PASS Agency will be available to provide assistance and guidance to the family in supervision and management of Direct Service Workers. Specifically, 1-2 hours per month from a pre-assigned PA staff member will be allocated to each PASS family for Service Plan Implementation. If it is determined that the Direct Service Worker is not meeting the expectations as outlined in the Service Plan, then a corrective action plan is prepared in the spirit of retaining the Direct Service Worker.

Initially, it is expected families will require more assistance and direction in Service Plan Implementation such as recruiting, hiring and preliminary supervising of Direct Service Workers. Concentrated communication and assistance on behalf of the PA in the first 60 days will serve to build the necessary capacity and thus enable families to navigate consumer-directed PASS services as well as eliminate long term challenges.

Additionally, if concerns about the well being of the child are raised, they will be reported to the family and the Clinical Consultant of the PASS Agency and the CEDARR Family Center. If concerns are raised about abuse or neglect, under law, the PA staff must report them to the Department of Children, Youth and Families (DCYF).

5.4.3.1 Family Roles in Service Plan Implementation

- Recruit, hire, train (child-specific techniques), manage and fire (if necessary) Direct Service Workers
- Participate in and attest to completion of PA-provided training in accordance with state labor laws, non-discrimination acts, etc.
- Include child as participant to Service Plan Implementation
- Demonstrate an effective progressive discipline plan for worker delinquency and/or negligence
- Collaborate and communicate with PASS Agency staff
- Manage budgeted service hours and sign bi-weekly timesheets for Direct Service Worker
- Notify PA of changes in circumstances of the child or family
- Direct complaints or satisfaction issues to direct worker first and then to PA in cases of non-resolution

5.4.3.2 PASS Agency Roles in Service Plan Implementation

- Maintain and/or support appropriate policy and procedure manuals in accessible area for personnel
- Train and/or support PASS families in defining and controlling scope of work in accordance with Service Plan; recruiting, interviewing, hiring, orientation, firing, and back-up plan implementation
- Monitor and assist in Service Plan Implementation
- Provide or arrange training to PASS families in ongoing management skills and employer responsibilities which includes but is not limited to; time sheets, interpersonal communication, conflict resolution, evaluating, praising, and critiquing Direct Service Worker performance, employment law and reporting requirements
- Allocate 1-2 hours monthly for communication with PASS families around satisfaction with quality and continuity of care issues
- Document and store records from these sessions in family files
- Provide or arrange training to Direct Service Workers on employee responsibilities: keeping time sheets, progress notes, interpersonal communication, conflict resolution, employment law and reporting requirements
- Collaborate and communicate with PASS families and Direct Service Workers
- Conduct Background Checks and maintain personnel files
- Review case records and progress notes of Direct Service Workers for sufficiency and advancement of Service Plan goals and objectives
- Maintain contact with CEDARR Family Center to monitor changes in Family Care Plan and provide feedback as to the implementation of PASS Service Plan
- Provide ongoing assistance in employer-employee relations to families and Direct Service Workers
- Develop a family/Direct Service Worker complaint tracking system that addresses level of severity and frequency of complaints and corrective actions taken by families, PA, and Direct Service Workers
- Manage payroll activities; state and federal taxes, unemployment, worker's compensation
- Provide family with records of authorized, utilized hours/sessions and payments to Direct Service Worker(s)
- Demonstrate an effective plan for detecting and reporting abuse, neglect or exploitation
- Monitor Medicaid compliance for mis-management of funds and/or services
- Maintain agency liability insurance

5.4.3.3 Direct Service Worker Roles in Service Plan Implementation

- Participate and attest to completion of PA-provided training on employee responsibilities
- Cooperate and communicate with family members on a bi-weekly basis

- Direct complaints or satisfaction issues first to family supervisor(s) and then to PA in cases of non-resolution

5.4.4 Clinical Consultation

The fourth reimbursable service is Clinical Consultation. This section identifies what is required for Clinical Consultation to be complete and billable.

The availability of consultation by a health care professional can be critical to the success of PASS services. This is particularly true for medically complex clients accessing PASS as one part of the Family Care Plan. As part of an ongoing effort to improve the effectiveness of PASS services, expert guidance from a trained Clinical Consultant to PASS families may facilitate identification of approaches that more appropriately address the needs of all parties involved in PASS services. A professional review of case documentation will maximize the child's ability to participate as fully as possible in appropriate activities.

Clinical Consultants review and approve Service Plan, build family and PA competence to implement strategies meant to stabilize health conditions, decrease challenging behaviors, increase adaptive skills and maintain the child in the home environment.

The Clinical Consultant must document and summarize the child and family's response to PASS services at the conclusion of the 6-month timetable for a PASS Service Plan. The Clinical Consultant, in conjunction with the family and the PA staff will address renewal, transition planning, or discharge needs at the appropriate time.

5.4.4.1 Family Roles in Clinical Consultation

- Review child's progress notes and Direct Service Worker performance with Clinical Consultant once every two months
- Include child as participant in clinical consultation sessions, as appropriate
- Meet with Clinical Consultant as scheduled
- Incorporate Clinical Consultant's technical assistance/expertise in child-specific training for Direct Service Workers

5.4.4.2 PASS Agency Roles in Clinical Consultation

- PA coordinator to report as needed to supervising Clinical Consultant
- Collaborate with Clinical Consultant and family during Service Plan reviews
- Utilize technical assistance/expertise offered by Clinical Consultant for service improvements
- Maintain evidence of licensure and continuing education information for licensed Clinical Consultants

5.4.5 Direct Service Worker Roles in Clinical Consultation

- Produce child progress notes to Clinical Consultant on monthly basis for review
- Participate in family-provided trainings on modifications to Service Plan
- Utilize technical assistance/expertise offered by Clinical Consultant to family for service improvements

5.4.5 Service Component Table

The following table provides a summary of the four reimbursable service components, required personnel qualifications, units, (range of approved hours) for each service component outlined in the previous sections.

PASS SERVICE COMPONENT	REQUIRED PERSONNEL	QUALIFICATIONS	APPROVED UNITS
Assessment and Service Plan Development	<ul style="list-style-type: none"> ▪ CFC Staff ▪ PA Coordinator ▪ Family Supervisor(s) ▪ PA Clinical Consultant 	<p>Minimum Bachelors Degree in human services or related field and experience working with Children with Special Health Care Needs</p> <p>Legal guardian, parent of child with special health care needs</p> <p>Licensed independent social worker, Psychologist or registered nurse. Two years experience working with Children with Special Health Care Needs.</p>	<p>Minimum 1 hour – Maximum 8 hours</p> <p>X per hour up to X</p>
Direct Services	<ul style="list-style-type: none"> ▪ Direct Service Worker ▪ Family Supervisor(s) ▪ PA Clinical Consultant 	<p>At least 18 years of age, high school diploma or equivalent, BCI check</p> <p>Legal guardian, parent of child with special health care needs, appointed in Service Plan</p> <p>Licensed independent social worker, Psychologist or registered nurse. Two years experience working with Children with Special Health Care Needs.</p>	<p>Maximum 8 sessions per week (1 session = 2 – 3 hours)</p> <p>Standard Rate = X per session</p>
Service Plan Implementation	<ul style="list-style-type: none"> ▪ PA Coordinator 	<p>Minimum Bachelors Degree in human services or related field and experience working with Children with Special Health Care Needs</p>	<p>1-2 hours per month per PASS family</p> <p>X – 60 days</p> <p>X – ongoing</p>
Clinical Consultation	<ul style="list-style-type: none"> ▪ Clinical Consultant 	<p>Licensed independent social worker, Psychologist or registered nurse. Two years experience working with Children with Special Health Care Needs.</p>	<p>1 hour every two months (More intense needs for special circumstances may be individually approved by DHS)</p> <p>Standard Rate = X per hour</p>

5.5 Intensity of Personal Assistance Services and Supports

Service intensity refers to level of effort by personnel in providing a service. Most critically it pertains to the number of hours per week of Direct Services to be authorized within a Service Plan. There is no single approach indicated for the population of children eligible to receive PASS Services. Some children may need more hours per week initially with gradually decreasing hours as the child becomes more independent in the activities addressed by PASS Services. Other children may require a gradual introduction to PASS with the number of hours increasing over time. The amount of direct services hours will be individualized according to the Service Plan.

5.5.1 Intensity of Assessment and Service Plan Development

Assessment and Service Plan Development requires considerable effort by the PA, typically involving both the licensed Clinical Consultant and the Family Support Coordinator. The amount of time spent on an initial Assessment and Service Plan Development for a PASS family will vary. Reimbursement for Assessment and Plan Development is paid at X per hour up to a maximum of X.

5.5.2 Intensity of Direct Services

The maximum number of sessions per week is eight (8) with each session unit being a 2 - 3 hour periods as established in the Service Plan. Critical periods of the day and situations that are optimal for helping the child/adolescent reach specific goals will need to be considered. Reimbursement for Direct Services is paid at the standard rate of X per session.

5.5.2 Intensity of Service Plan Implementation

Initially, it is expected that Service Plan Implementation for Service Plan Implementation may require a more intense level of effort. Individual needs will vary according to family's preparedness to effectively carry out the responsibilities of consumer-directed services. During this first 60-day period, Service Plan Implementation is reimbursed at a rate of X per month.

At the end of this period, a regular payment schedule of X per month will commence. At this time, direct contact by the Family Support Coordinator with the family and/or Direct Service Worker is expected at the level of 1 –2 hours per month.

If, at the end of this 60-day period, Direct Services have not commenced, reimbursement monies will be rescinded and a Service Plan will be considered void.

5.5.3 Intensity of Clinical Consultation

Clinical Consultation is a face-to-face meeting between the licensed Clinical Consultant and the family to review the status of the child and Service Plan (1 hour, taking place

once every two months). In special circumstances, and with the approval of DHS, Clinical Consultation may be more frequent.

5.6 Duration and Continuation of Service

The maximum duration or length of time for services delivered through an authorized PASS Service Plan is six months. There is no limit to the number of cycles of PASS Service Plans that may be approved for an individual child. PASS Direct Services are provided on a weekly basis for an approved amount of time for up to a period of six months. PASS Service Plans may be modified based on formal action by the CEDARR Family Center following consultation with the PASS Agency and the family. The date of the expiration of the PASS Service Plan will be set to coincide with the date of the review and revision of the CEDARR Family Care Plan.

5.7 Categories of PASS Service Plan Requests

5.7.1 New PASS Services Plans

A new PASS Service Plan is defined as either a Plan written for any child when there is no history of PASS or the first PASS Service Plan written for a child with a particular PASS Agency.

5.7.1.1 Reauthorization of PASS Service Plan (Renewals)

A reauthorization request is necessary when a PASS Service Plan is requested to continue for up to six additional months with the current PA. This plan includes progress on goals and objectives during the past six-months or the soon to end Service Plan. A reauthorization request must be submitted to the CEDARR Family Center a minimum of 30-days prior to the proposed start date of the new Service Plan in order for reimbursement to be available for services provided under the new plan.

5.8 PASS Agencies, Family Involvement and Responsibility

PASS recognizes that the families of Children with Special Health Care Needs know their children best and there is an expectation that families recognize and respect the roles and responsibilities of PASS Agency staff. In order for PASS to be effectively and safely provided, the family must work positively with the PA in maintaining a collaborative care relationship. The strengths and expertise of all parties involved in the development and implementation of PASS Services will be relied upon and respected.

5.9 Transportation

The PASS worker may provide transportation during the course of PASS. However, the State will not assume any liability or responsibility for these activities. Any transportation provided to an outside program, facility or activity must be related to an activity in the Service Plan. PASS Agencies are required to inform families of this policy

and obtain the necessary documentation and parent/guardian signatures prior to providing any transportation. A specific waiver of liability will be needed, if transportation is to be provided by the PASS worker. The family, the direct worker, and the PA must sign this waiver.

The use of public transportation is an important skill for enhancing independence at certain developmental levels. Consequently, wherever or whenever possible, its use should be addressed in the PASS plan.

5.10 PASS Service Plan Authorization, Reauthorization and Renewal

- 1) Parents are prime contributors to the development and approval of initial and any renewal PASS Service Plan. The parent must sign the Service Plan prior to its submission to the CEDARR Family Center to demonstrate participation in the development of and agreement with the contents of the plan.
- 2) Responses to comments or questions from the CEDARR Family Center about the Service Plan and additional information requested by the CEDARR Family Center must be responded to in writing by the PASS Agency within 9 calendar days upon receiving the request to avoid delaying authorization of services. Late responses may result in disruption of reimbursement for care for the period affected by the delay.
- 3) Both the initial and all renewal PASS Service Plans are to be submitted to a CEDARR Family Center a minimum of 30 days prior to the date services are anticipated to begin.
- 4) The start date for the DHS re-authorization for the PASS Service Plan will not be less than thirty (30) days from the date of submission of the renewal plan to the CEDARR Family Center. Services for children are not to be discontinued or interrupted due to the late submission of a renewal plan. There will be no retroactive approval of plans.
- 5) It is expected that family's collaboration in the development of all Service Plan be well in advance of the date a Service Plan is to be submitted for reauthorization and renewal. The Family Support Coordinator and the Clinical Consultant will schedule sufficient time with the family for:
 - Review of the existing Service Plan,
 - Identification of any changes in circumstances,
 - Assessment of the status of goals and objectives relating to the three PASS domains,
 - Necessary revisions.
- 6) During this time, parents shall meet with the Family Support Coordinator to discuss any reordering of priorities or schedules they may have regarding their

child's Service Plan. For PASS Service Plan to be reviewed and reauthorized the following information should be included:

- a) PASS Direct Service history that includes a discussion of the content of the previous plan and an assessment of the child's response to the plan. Specifically, the re-authorization request should include the areas focused on in the goals and objectives of the previous plan and modifications made to that plan relating to the three PASS domains. A statement should also be included regarding how the child continues to meet the clinical appropriateness criteria for this service. The content of the revised plan will include the same components as required in Section 5.4.1. Development of renewal plans is not separately reimbursable.
 - b) Intensity of direct services (hours) provided for the entire Service Plan period.
- 7) If a PASS Agency and family wishes to change the number of hours within the approved period, a proposed addendum to the Service Plan is required indicating the reasons for the requested change. The proposed addendum and a signed parent signature form must be submitted to the CEDARR Family Center for review. Requests will only be processed by the CEDARR Family Center after all documentation has been received.

5.11 PASS Performance Standards

Certified PASS Agencies are expected to provide services in compliance with PASS performance standards established to assure children and families of high quality services. Standards include timely access to Assessment and Service Plan Development, Plan Renewals and assessment of parent satisfaction. These performance standards are set forth below in sections 5.11.1 – 5.12.2. Agencies are required to provide periodic reports to DHS regarding their level of compliance with performance standards. Agencies that do not meet established performance standards would be required to provide corrective action plans. Consistent failure to meet performance standards may result in provisional certification status, and associated reimbursement schedule changes.

5.11.1 Timeliness of Assessment and Service Plan Development

In order to meet the needs of children and families, PASS services must be provided in a reliable and timely manner given the following requirements:

- 1) A CEDARR referral must result in the PASS Agency establishing an intake appointment with the child and parents. Families must be offered a specific appointment date within two (2) weeks of referral. This must be documented in the record.

- 2) If the intake appointment is positive and the family wants to pursue PASS for this child, the intake appointment is followed by more focused assessment and development of a PASS Service Plan proposal. During this second meeting, family's priorities are identified and the details of a PASS Service Plan are developed. The Plan must be submitted to the CEDARR Family Center for review within four (4) weeks of the initial intake appointment. The Service Plan is focused on the family's priorities aimed at maximizing their child's independence as recommended by the CEDARR Family Care Plan and in accordance with the three PASS domains. At least one of these appointments must include a home visit.
- 3) Direct Services begin within sixty (60) calendar days after completion of Assessment and Service Plan Development in 75% of cases
- 4) Documented provision of Service Coordination and Clinical Consultation per standards in 95% of cases

5.11.2 Parent Satisfaction

Routine and consistent parent feedback is an important aspect of quality assurance. PASS Agencies shall design and administer survey instruments to generate information for activities related to parent satisfaction with PA services, accessibility, availability, and overall level of satisfaction. Section 6.6.5 provides further elaboration and direction. Parent/guardian information is strictly confidential; however summary results are to be presented to the State.

5.11.3 Provision of PASS Services

Fully certified PASS Agencies will be in compliance with the Certification Standards and consistently meet all performance standards. If standards are not maintained, agency performance will be reviewed and a corrective plan will be required in writing. Continued failure to comply may result in the PA receiving a provisional certification status and subsequent reimbursement rate schedule changes.

5.12 Licensure Requirements for Clinical Consultants employed by Certified PASS Agencies

Depending on the specific needs of the PASS child, the potential for involvement of a licensed Clinical Consultant exists within each of the four service components. While, the specific roles and responsibilities of these professionals are outlined in Section 5.4.4, the following highlights the PASS services need for a health care professional licensed by the Department of Health of Rhode Island as a psychologist, licensed independent clinical social worker, or registered nurse:

- All assessments, Service Plan and renewals *must* be reviewed and approved by a licensed Clinical Consultant.

- Certified PASS Agencies must demonstrate competency to render professional supervision and technical expertise to the Family Support Coordinator and to PASS families as determined appropriate by Service Plan
- A licensed Clinical Consultant must render Clinical Consultation.

Note that a list of licensed staff, their discipline and license number must be included in the application for certification. (See Appendix 5).

6.0 CERTIFICATION STANDARDS

6.1 Requirements for Organization of Delivery of Service

An applicant for certification must demonstrate that it brings to this program a sound combination of management skills, experience, and the capability to reliably support the provision of PASS. As part of the commitment to consumer-directed services, an applicant must demonstrate its capacity to effectively provide each of the PASS service components: (1) Assessment and Service Plan Development (2) Direct Services (3) Service Plan Implementation, and (4) Clinical Consultation.

Sections 6 and 7 identify the requirements that must be addressed in a certification application. Applicants are to demonstrate their approach to meeting these requirements in writing. Further guidance as to how to complete the application is included in the attached Technical Reference Documents.

6.2 Agreement to Accept Appropriate Referrals

Certified PASS Agencies will be expected to accept all appropriate referrals of Medicaid enrolled children who are determined to be eligible for PASS by a CEDARR Family Center and to provide services on a timely basis as defined in Section 5.11.1 of these Certification Standards.

PASS Agencies may decline to submit a Service Plan when they determine that:

- PASS is not an appropriate service for the child, due to health and safety concerns
- The family is not willing or capable of taking on the risks and responsibilities inherent in PASS

Documentation of the specific reasons for declining to provide a Service Plan shall be maintained by the PASS Agency, provided to the CEDARR Family Center and forwarded to DHS. Consistent refusal of referrals will result in comprehensive review of the agency's certification status.

6.2.1 Provision of Authorized Services

Since continuity of care is considered fundamental to the care of Children with Special Health Care Needs, PASS Agencies must demonstrate their capacity to function in each of the roles necessary for the provision of each of the PASS service components.

DHS regards the effectiveness of intervention to be related to the availability and continuity of PA personnel. It is the responsibility of the PA to ensure staff is prepared to provide consumer-directed services to PASS families. Consumer-directed orientation should occur for newly hired staff members and be documented in their employment records. The orientation should assure compliance with the goals and objectives set forth in these standards relating to consumer-direction and family-centeredness.

6.3 Family Direction, Client Rights and Ethical Standards of Practice

6.3.1 Family Centeredness and Consumer-Direction

The PASS program is unique in that it is a consumer-directed service. PASS Agencies must incorporate the key components and philosophy of consumer-directed and family centered care into their service program and operations. Applicants must demonstrate the manner in which their services are conducted in a consumer-directed fashion. Areas of program policy as well as written procedures shall include, but are not limited to, the following:

- 1) Established arrangements for active, ongoing participation of the family in the program.
- 2) Policy setting forth the active involvement of families in Service Plan, development, management and oversight of the plan.
- 3) Policies setting forth emphasis on consumer-directed, culturally sensitive and family-centered service outcomes.
- 4) Policies outlining how the determination of capabilities of families to take on risks and responsibilities for PASS is made.
- 5) Demonstration of approaches to assure families are given, as well as take, opportunities to voice concerns and provide input to the PASS Agency activities and roles

6.3.2 Family Rights and Responsibilities

A clear understanding of the respective roles of both the PASS Agency and the family serves to protect family rights and responsibilities as well as helps to avoid potential future problems. Within PASS, demonstration of compliance is required related to three areas of family rights and responsibilities. These relate to:

- Rights of a consumer to general information regarding PASS and rights to grievances and appeals
- Rights and responsibilities of children and families participating in consumer-directed PASS services, and
- Rights and responsibilities of notice regarding termination of services.

Regarding the rights of consumers to information:

Informational materials shall be developed for families outlining PASS services, the process of developing a PASS Service Plan and the respective roles and responsibilities of the PA, the family, and the hired Direct Service Worker. The PA shall also establish a family friendly, non-threatening, well-defined communication process for families to ask questions and express concerns. Similarly, the PA shall demonstrate that it has a family friendly grievance and appeals process to resolve problems. Related policies and materials are to be provided to families at the outset of involvement and annually thereafter. The family's role in resolution should be clearly set forth. Such materials shall advise the family of grievance and appeal procedures within the CEDARR Family Center and the Department of Human Services.

Regarding the rights and responsibilities of children and families:

Families participating in PASS must be informed of their rights and responsibilities within each of the four service components. For compliance with the certification standards the PA must demonstrate that the Service Plan includes a clear statement of understanding that is to be signed by the family and in which the family affirms their understanding of rights and responsibilities.

Regarding termination of services:

A parent or guardian has the right to terminate PASS at any time during an authorized course of service. A Service Plan may be terminated by independent action of the PA only under unusual circumstances. Such circumstances may include identified risks to the health and safety of the child or the PASS worker if the service is continued under existing circumstances or a documented pattern of the family's inability to perform responsibilities as set forth in the Service Plan and/or in the administrative requirements of the PA. Written materials shall be developed identifying such unusual circumstances and provided to the family prior to the initiation of direct services. A PA that is considering termination shall make all reasonable efforts to minimize this possibility. Such reasonable actions shall include:

- The PASS Agency shall communicate with the family and the CEDARR Family Center the reasons for requested termination of a Service Plan.
- The PASS Agency must have written policies to facilitate an orderly transition of care, and/or follow-up or referral for services. These policies shall include:

- Written notification of intent to terminate shall be sent to the child's family, DHS and CEDARR Family Center a minimum of thirty (30) days prior to discontinuing PASS services. During this period opportunities to correct precipitating problems must be provided.
- Reasons for discontinuing must be stated.
- Alternative resources and/or referrals must be recommended and forwarded to the CEDARR Family Center.
- Transition notice and transition plan must be submitted to the child's family, the CEDARR Family Center and DHS.

6.3.3 Ethical Standards

Clearly articulated Principles of Ethical Care and Professional Conduct must be publicly posted. Protocols will identify standards of ethical practice for all PASS Agency staff. The latter shall include, but will not be limited to, the following issues:

- Grievance policies and procedures;
- Discipline Policies
- Written description of services provided

6.4 Coordination and Communication with CEDARR Family Centers

From the outset, the CEDARR Family Center (CFC) works with the child and family to assess current circumstances, continuing needs, and reasonable next steps. Upon completion of an Initial Family Assessment (IFA) and clinical specialty evaluations, if indicated, a CEDARR Family Care Plan (FCP) is developed. The plan may include CEDARR Direct Services and Supports. If the family and CFC concur that it is an appropriate service for the family situation, PASS may be one of these Direct Services. In this case, the CEDARR Family Center will provide the family with information about certified PASS Agencies. The family and/or the CEDARR Family Center will schedule an intake appointment with the PASS Agency of their choice. The CEDARR Family Center will help coordinate arrangements for all CEDARR Direct Services and Supports.

The PASS Agency has the obligation to maintain communication with families and CEDARR Family Centers. The PASS Agency must comply and adhere to communication and coordination requirements with CEDARR Family Centers.

An applicant seeking certification must outline in its application the processes to ensure coordination and communication with all CEDARR Family Centers. An applicant must demonstrate its ability to work with CEDARR Family Centers and understand the role of the CEDARR Family Center. The PASS Agency must have established protocols for communication with a CEDARR Family Center in the following areas:

- 1) Accepting referrals and information;

- 2) Providing Service Plan proposals and renewals to the CEDARR Family Center for its review within certification standards timelines
- 3) Providing feedback to the CEDARR Family Center regarding progress of the implementation of services outlined in Service Plan
- 4) Informing the CEDARR Family Center in writing of changes in the child's needs and/or ability of the family to staff and meet direct services hours, as well as progress toward meeting the goals and objectives identified in the CFC Family Care Plan and the Service Plan
- 5) Integration of services when PASS is one program in a continuum of services provided to a family as outlined in a Family Care Plan

The PASS Agency must demonstrate in its application these processes of communication with the CEDARR Family Centers. A listing of CEDARR Family Centers can be found in the Technical Reference Documents.

6.4.1 Initial Referral to a CEDARR Family Center

Initial referral to a CEDARR Family Center of potential candidates for PASS may occur in one of several ways:

- Family referral
- Referral from a medical provider (e.g., primary care provider, other medical specialist, or mental health Clinical Consultant, etc.)
- Referral from a RItE Care Health Plan
- Community referral (e.g., community mental health center, school, EI, CASSP, DCYF, advocacy group)
- Hospital or residential level of care referral
- Referral from a PASS Agency

All referrals for PASS will be evaluated by a CEDARR Family Center. With the consent of the family, the CEDARR Family Center will engage the family in evaluating the needs of a child and assess its ability/willingness to participate to the extent required, as well as the overall appropriateness of this service for this child and family which could result in a recommendation for PASS.

All aspects of PASS will be coordinated through a CEDARR Family Center. The CEDARR Family Center will make recommendations for authorization to DHS. The family may work with the CEDARR Family Center of their choice.

PASS Agency certification applicants must:

- State their understanding of these arrangements,

- Outline in writing how they will interact with CEDARR Family Centers
- Report on contacts with CEDARR Family Centers

6.4.2 CEDARR Family Center Initial Family Assessment (IFA) and Basic Services

The goal of the IFA is to develop a working profile of the family to develop an informed action plan to address needs and issues. This assessment includes:

- Assessment of urgency,
- Developmental and diagnostic history (including physical health, behavioral health and cognitive development)
- Analysis of current interactions with the care system (e.g., RItE Care, pediatrician, specialist, hospital, or other provider)
- Involvement with other programs (e.g., Early Intervention, CASSP, or school programs)
- Family strengths, needs and supports; knowledge of or linkage with advocacy groups or professional associations
- Current insurance status and needs, as well as potential eligibility for various public programs and/or community supports.

6.4.3 CEDARR Family Center Care Plan

On the basis of the IFA, the Family Care Plan (FCP) will be developed in conjunction with the family. The Family Care Plan is a comprehensive plan designed to meet the child and family's needs for services and supports and may result in possible referrals and/or services. Such services and supports could include but are not limited to:

- Healthcare Services provided through RItE Care or Commercial Insurance
- Personnel Assistance Services and Supports (PASS)
- Therapeutic Child and Youth Care (TCYC)
- Home-Based Therapeutic Services (HBTS)
- Private Duty Nursing (PDN)
- Certified Nursing Assistant (CNA)
- Community based supports (Peer family, religious, recreation, primary or specialty care)

The Family Care Plan for an individual child may include a combination of these and/or other services.

When the clinical appropriateness criteria for PASS is met, the appropriateness and willingness of the family for taking on a consumer-directed service is determined, and the family has selected an PA, the CEDARR Family Center will formulate a written referral to a certified PASS Agency. The referral will include:

- 1) Initial determination of need and scope of PASS, including any additional services designed to complement PASS in the cases of medically complex children
- 2) Intensity—projected number of hours per week of PASS (Maximum is 20 hours/week).
- 3) Expected duration for the service (Note that six months is the maximum period for a Family Care Plan before Plan Review, Revision and Reauthorization is required).

6.4.5 CEDARR - PASS Agency Dispute Resolution Process

The CEDARR Family Center and the PASS Agency shall have established procedures to identify and resolve differences, and to demonstrate how families will be informed. The applicant will have a grievance and appeals process described in their application.

6.4.5.1 PASS Agency and CEDARR Family Center Disagreement Resolution Process

In the event of disagreement regarding the appropriateness of this service for this child and family or regarding the elements of the Service Plan, (e.g., focus of services, degree of full involvement of parents, or intensity of service) it is anticipated that the PASS Agency and CEDARR Family Center can reach prompt resolution in most cases through joint review and discussion.

6.4.5.2 DHS Fair Hearing Process/Appeal Rights

If a child's parents or guardian objects to the decision of the CEDARR Family Center and DHS regarding the review of the PASS Service Plan or the authorization of a Service Plan, they can request a hearing through DHS. This is an Administrative Fair Hearing that allows for testimony to be presented from all concerned parties. In turn, the Hearing Officer renders a written decision. Upon completion of this process, the prior authorization necessary for claims to pay may be adjusted based on the hearing decision.

See Appendix 6 for further Appeals information.

6.5 Strength of Program Approach: Process of Care and Management of PASS Service Components

The PASS applicant must demonstrate that it brings a sound combination of experience, skills, and support of family centered, consumer-directed philosophy to be certified as a PASS Agency.

The PASS Agency will use written standards of care to describe the processes by which the four component PASS services are planned, delivered, monitored and evaluated.

There must be evidence of PASS Agency plans for initial and on-going active participation and consumer direction by the family. The applicant will ensure that all staff has appropriate competencies, educational preparation, and experience to engage in the Service Planning, delivery and monitoring of PASS services as appropriate.

In describing its program, the applicant will specifically address 6.5.1 Process of Consumer-Directed Care and 6.5.2 Management of PASS Services, including each subsection.

6.5.1 Process of Consumer-Directed Care

Process of care refers to the policy, procedures and practices that guide the delivery of services. The applicant will demonstrate that the consumer-directed process is systematically organized and grounded in sound principles.

6.5.1.1 Approach and Guidelines

PASS services are specialized consumer-directed personal care services provided in the home and community for children who have been diagnosed with a wide range of physical, developmental, behavioral, and/or emotional conditions. These services are intended to help Children with Special Health Care Needs meet their personal care needs and enhance their ability to participate in the community in the three PASS domains of:

- Ability to accomplish activities of daily life
- Ability to make self- preserving decisions
- Ability to participate in social roles and social settings

These life domains provide the organizing framework for PASS services. Service Plans are to be developed jointly with families, with analysis of both strengths and needs, and with fundamental focus on consumer direction. The applicant must demonstrate that these core principles guide its overall approach and can be operationalized in its proposed program.

6.5.1.2 Screening and Intake for PASS Services

Applications for certification must include written policies, procedures and documents addressing intake protocols for:

- 1) Managing referrals
- 2) Providing general information regarding PASS to ensure understanding of the services and family roles and responsibilities
- 3) Determining eligibility and admission criteria, including PASS Service appropriateness criteria evaluating:
 - stability of the child's condition

- safety of the home environment
- Family willingness to assume the risks and responsibilities of consumer-directed care

- 4) Provision of alternative recommendations for families not eligible for PASS services

6.5.1.3 Assessment and Service Plan Development and Renewal Procedures

The Assessment and Service Plan Development forms the foundation for PASS. It must be skillfully developed in order to effectively understand strengths and needs, to establish appropriate goals and objectives for the child within the home setting and within the normal daily flow of the household and the child's schedule. It must clearly establish the roles and responsibilities for all parties for each of the service components.

For the more individualized aspects of the Service Plan this means that the PA has developed a systematic approach for working with families to develop the information and understandings that guide development of key child and family specific parts of the Service Plan. For other parts, just as important to success, the PA identifies procedures for establishing and supporting PASS services for family on an ongoing basis.

Applicants must demonstrate written policies and procedures that address all aspects of the Assessment and Plan Development, identifying techniques and tools which are analytic, strength-based and respectful of the consumer-directed core of PASS. This can be established by providing agency documents and standardized techniques used during the process of assessment and plan development.

The applicant's protocol shall address each of the components detailed in Section 5.4.1. The PASS Agency must demonstrate how plan development builds on the specific strengths of the child and family and addresses the needs of the child in order to enhance social integration skills, promote independent living, and maximize community participation, as well ongoing quality control methods to ensure adherence to these protocols.

Refer to Section 5.4.1 for specific required components of the Service Plan that must be articulated in a completed application.

6.5.1.4 PASS Direct Services Procedures

PASS Direct Services are the heart of the PASS program, designed to provide the supports and services to enable the child to enhance social integrations skills and meet his/her personal care needs in the most natural and least restrictive environment.

An applicant must demonstrate understanding of how Direct Services carried out by Direct Service Workers in accordance with the Service Plan will achieve improved health and function in each of the three PASS domains and their quality of life indicators:

- Ability to accomplish/perform essential activities of daily living
 - Activities of Daily Living (ADLs)
 - Instrumental Activities of Daily Living (IADLs)

- Ability to make self-preserving decisions
 - Health and safety
 - Management of self, possessions
 - Lifestyle

- Ability to participate in social roles and social settings
 - Taking charge of own life
 - Seeking and accepting assistance
 - Social participation opportunities

This can be established by providing protocols, standardized techniques and documents used to train and support families in implementing, sustaining, revising and evaluating Direct Services provided to their child. The applicant should also offer training support for families as well as documents to support Direct Service Worker training.

Refer to Section 5.4.2 for specific required components of the Direct Services.

6.5.1.5 Service Plan Implementation Procedures

The Service Plan sets forth in detail the agreed upon intentions of PASS for a specific child and family. The ongoing activities of the Direct Service Worker represent the most concrete day-to-day form of the services. However, it is the Service Plan Implementation that will be critical to actually initiating direct services on a timely basis and maximizing the quality and continuity of those services. It involves active and timely communications, early trouble shooting and problem solving to facilitate initiation and maintenance of quality PASS Direct Services as well as support for the family in its various tasks as an employer and supervisor. The primary foci and purposes of Service Plan Implementation activities are to (a) promote quality of services and (b) develop longevity of the worker to help prevent worker turnover. This involves support both to the family and the worker (as appropriate without interfering with or infringing on the family's role as supervisor). Service Plan Implementation, which is more intensive at the initiation of the Service Plan, is critical to support the family in the recruitment, hiring and orientation of new workers.

An applicant must describe its approach to addressing the various responsibilities of Service Plan Implementation. This can be established through written statements demonstrating an understanding of the content and purposes of Service Plan Implementation and through agency protocols, policies, statement of purpose, worker orientation/training materials and/or procedures for Service Plan Implementation.

Refer to Section 5.4.3 for specific required components of the Service Plan Implementation that must be articulated in a completed application.

6.5.1.6 Clinical Consultation Procedures

Periodically during the course of a Service Plan, Clinical Consultation provides an occasion for assessment and thoughtful review with the family of the success of the PASS Service Plan. It may focus on such issues as:

- New or continuing challenges in caring for the child
- Changes in the child's condition, level of development or response to services
- Changes in the family setting and potential impact on PASS
- Potential opportunities and/or methods to more effectively achieve goals of the Service Plan
- Issues pertaining to the family's role as a supervisor of the Direct Service Worker
- Other issues pertaining to care for the child

Clinical consultation provides direct support, assessment, identification and information regarding individually focused skills and techniques to enhance the family's abilities to navigate through the challenges of a consumer-driven service program while meeting the needs of the child.

Applicants will set forth their protocols for clinical consultation services including:

- Periodic visits with families and related review of Service Plans (periodicity, approach to meeting, visit/interview protocols)
- Documentation procedures of consultation sessions and any resulting modifications to Service Plan
- Procedures for recommendations identifying Service Plan challenges and advising on opportunities for improvement

Refer to Section 5.4.4 for specific required components of the Clinical Consultation that must be articulated in a completed application.

6.5.2 Management of PASS Services

Management of care specifically pertains to the way in which the PA organizes the provision of PASS. The applicant must demonstrate a sound organizational approach to ensure the provision of effective, timely and high quality personal assistance support services. This is partly represented in the staffing strategy employed to organize and oversee the work. Applicants must provide a clear delineation of staff roles, reporting relationships and supervision. Job titles must be identified. A defined chart of organization must be provided, with focus on the PASS services and demonstrating the relationship to the organization as a whole. The chart of organization must include both the job titles and the specific individuals who fill identified positions.

6.5.2.1 Roles and Scope of Practice

The work of the Certified PASS Agency staff must be systematically organized with clear delineation of the staff roles, reporting relationships and supervision within the four service components. If the agency is a multi-service organization, an applicant must illustrate how PASS fits into the organization as a whole. Detailed job descriptions must be provided for Clinical Consultants and Family Support Coordinators. Protocols must include clear delineation of the role of each staff position and scope of practice, including working in collaboration with other PA staff in such areas as:

1. Scope of practice and supervision addressing each of the four service components and the nature of the relationship with the family and the Direct Service Worker.
2. Staff evaluation protocols
3. Coordination and communication with family
4. Coordination and communication with CEDARR Family Center and communication with other service providers as appropriate

Refer to Section 5.4.1 – 5.4.4 for a detailed listing the PA roles and responsibilities within each of the four service components that must be presented in a completed application.

Job descriptions must address the following areas:

1. Reporting relationships
2. Functional tasks and responsibilities
3. Required skills, training, and experience
4. Licensure or certification qualifications, when applicable

The organizational description shall also identify how the Direct Service Workers are shown within the organization chart and identify the role of the family as supervisor of the Direct Service Worker.

6.5.2.2 Supervision

As dual employers, the PA and the family assume slightly differing supervision roles. In general terms, the PA assures compliance with State and Federal legal requirements related to employment and payment of Direct Service Workers. The family will be responsible for the day-to-day supervision of PASS worker activities. Additionally, it is understood that the PASS Agency is also responsible for assuring the coordination of PASS services through monitoring of services, as well as tracking and evaluating consumer and PASS worker satisfaction.

Clinical Consultants as employees of the PA supervise PASS Service Coordination activities, PA staff and provide consultation on a periodic basis to families.

6.5.2.3 Staffing and Staff Qualifications

It is the responsibility of a PASS Agency to conform to DHS PASS certification requirements regarding staff credentials, training, personnel management, and guidelines. The PASS Agency shall demonstrate that it meets the specific staffing requirements for the Family Support Coordinators, and Clinical Consultants. The applicant must therefore give written assurances that these standards will be provided and maintained as a requirement for receiving and maintaining certification.

With respect to ensuring staff competency, the PASS Agency shall have policies and procedures in place for all employees consistent with DHS certification. This requires that:

- 1) Licensed professionals providing supervision, conform to Department of Health (DOH) continuing education requirements according to respective disciplines
- 2) Educational backgrounds align with position qualifications
- 3) Appropriate training and/or orientation sessions are completed
- 4) Recent employment experience is relevant for target population
- 5) Employment background checks, Background Criminal Investigations (BCIs) and CANTS are performed for all potential employees.

Additionally, the following requirements must be met for PASS employees:

6.5.2.3.1 Family Support Coordinator

- 1) Demonstrated competency to work with families of Children with Special Health Care Needs; and
- 2) Have a Bachelor's degree in human services or related field; and
- 3) Minimum one-year experience working with a similar population.

6.5.2.3.2 Clinical Consultant

- 1) Must be a licensed professional in Rhode Island with licensure in one of the following:
 - Licensed Clinical Social Worker (LCSW)
 - Registered nurse
 - Licensed psychologist
- 2) Relevant experience and training:
 - Minimum two years of experience working with children with special health care;

- Demonstrated ability to provide PASS Services supervision to the Family Support Coordinator and/or consultation to PASS families and direct workers.

6.5.2.3.3 Direct Service Worker

- 1) Demonstrated competency to work with Children with Special Health Care Needs; and
- 2) Demonstrated ability to carry out specific tasks outlined in the Service Plan; and
- 3) At least 18 years of age and have a high-school diploma or equivalent; and
- 4) No legal obligation to support the child or live in the same household as child.

6.5.2.3.4 Agency Orientation and Training

All staff, including PASS workers, shall be provided with a general orientation to the PASS Agency with respect to its mission, policies and procedures, administrative structure, training, family centered care, consumer-directed care and rights and responsibilities of all parties. Staff members are required to participate in these activities, as specified by the individual's position and job description and adhere to procedures outlined in Section 6.5.

Personnel files shall contain documentation of completed agency orientation programs. PASS Agencies must provide and/or arrange for all newly hired staff to receive this general training. Additionally, PAs shall annually determine staff training needs and develop a written plan and schedule for the provision and/or arrangement of on-going staff training for Clinical Consultants, Family Support Coordinators and other PA staff members.

6.5.2.3.5 Preparation of Staff

The PASS Agency must have policies and/or access to programs for orientation, continuing education and professional development within the four applicable service components that fully meet the Certification Standards. PA staff members are required to participate in these activities, as specified by the individual's position and job description, roles and responsibilities outlined in Section 5.4.1 – 5.4.4, as well as adhere to procedures outlined in Section 6.5.

PASS families will be required to participate in trainings provided and/or arranged by the PA regarding employer-employee relations and requirements. In turn, it is primarily the family's responsibility to prepare and instruct the Direct Service Worker in child-specific tasks outlined in the Service Plan and subsequently determine the readiness of the Direct Service Worker for plan implementation. However, DHS strongly recommends that

basic training for all Direct Service Workers provided and/or arranged for by the PA, shall include, but not be limited to the following:

- A valid certification in First Aid for children and young adults including management of a airway and rescue breathing (CPR)
- Client rights
- Ethics and confidentiality
- Reporting procedures and documentation requirements
- Payroll requirements and tax documentation
- Cultural competency skills for Children with Special Health Care Needs population

Agency and child specific training for PASS workers must be completed prior to initiation of Direct Services. Training is completed when the family certifies their comfort with the skills of the Direct Service Worker by signing off on the Service Plan. In order for a PA to be reimbursed for PASS services, Direct Services must begin within 60 days after the completion of the Assessment and Service Plan Development.

6.6 Timeliness of Service, Other Access Standards

Fully certified PASS Agencies will be in compliance with the certification standards and meet performance standards for the timeliness of services provided. These are performance standards for timeliness of services provided to PASS families.

6.6.1 Timeliness Standards for New Referrals

The PASS Agency must meet the following timeliness performance standards.

6.6.1.1 Assessment and Service Plan Development Appointment

This performance standard requires that the PASS Agency must offer a first meeting with the family for at least 90% of those requesting an appointment within 2 weeks of referral from each CEDARR Center. Conducting less than 90% of intake appointments within this prescribed timeframe may result in provisional certification status and associated reimbursement schedule changes unless the delay was due to family choice. This is to assure that families will be contacted in a timely manner and that backlogs are avoided.

6.6.1.2 PASS Service Plan Submission

This performance standard requires that the PASS Agency must submit at least 90% of plans for those for whom PASS services are appropriate to CEDARR Family Centers for approval within 4 weeks of first meeting with the family. Submitting less than 90% of new PASS Service Plan within this prescribed timeframe may result in provisional certification status and associated reimbursement schedule changes. Submitting plans within 4 weeks assures that services can begin promptly after review by the CEDARR Family Center and authorized by DHS.

6.6.1.3 Service Plan Implementation/Commencement of Direct Service Activities

This performance standard requires that PASS families and Agencies commence Direct Service activities within 60 days of Service Plan authorization. Failure to commence Direct Service activities in at least 90% of PASS Service Plans within this prescribed timeframe may result in provisional certification status and associated reimbursement schedule changes.

6.6.2 Timeliness Standards for Renewing Service Plan

This performance standard requires that the PASS Agency must submit for reauthorization all (100%) PASS Service Plan requiring renewal at least thirty (30) calendar days prior to expiration of an existing approved plan. Submitting less than 100% of plans for reauthorization within the prescribed timeframe may result in provisional certification status and associated reimbursement schedule changes. Meeting this standard will avoid disruption in payment for services.

6.6.3 Timeliness Standards for PASS Service Plan Review Process

PASS Agency cooperation is required throughout the CEDARR Family Center review of the proposed PASS Service Plan. Should a reviewer require clarification or additional information, the PASS Agency along with the Clinical Consultant/Clinical Consultant is required to respond in writing to the reviewer within five (5) calendar days.

The performance standard is that additional information requested by CEDARR Family Centers in the process of PASS Service Plan review and reauthorization will be provided within nine (9) calendar days for all (100%) PASS Service Plan for which questions arise throughout the reauthorization process. Replying to less than 100% of requests for information during the reauthorization review process within the prescribed timeframe may result in provisional certification status and subsequent reimbursement schedule changes.

6.6.4 Hours of Service

PASS Agencies must be available to families on a continual basis throughout a period of authorized services. The applicant shall define its hours of operation, which may include day, evening, and weekend coverage to provide emergency support to families, as required. Families must be informed of hours of operation. It is required that the applicant provides care on a year round basis.

6.6.4.1 Continuity of Care/Back-up Plan

It is primarily the responsibility of the family to address continuity of care issues and minimize disruptions in care (i.e. holidays, staff vacations, sick time, etc.) during the development of Service Plan. In the application, the PA must demonstrate guidance

process and procedures for families around this challenge and their management of PASS workers.

6.6.5 Measures of Parent Satisfaction

Parent satisfaction surveys must be conducted at the completion of each authorized Service Plan.

The format and content of the measurement tool is the responsibility of the PASS Agency. Areas of interest to DHS include but are not limited to:

- a) Sensitivity to family centeredness, consumer-directed care and cultural competencies;
- b) Availability and utilization of Clinical Consultants
- c) Progress made during plan implementation
- d) Communication and collaboration with family and others
- e) Staff availability, promptness and actual delivery of authorized hours

It is recommended that surveys include both quantitative and qualitative feedback from parents. Survey results will be analyzed, and reported to DHS annually.

6.7 Service Monitoring and Reporting

The PASS Service Agency must describe the plan to perform evaluations of PASS workers as part of their Service Plan Implementation procedures. These must also comply with the following service monitoring and reporting requirements. See Appendix 7 for additional information regarding reporting requirements.

6.7.1 Quarterly Reports

PASS Agencies will be expected to report required data for each calendar quarter on the last business day of the month following the end of each calendar quarter (i.e., on April 30, xxxx, certified PAs will report data regarding clients newly referred and requiring reauthorization during the period of January 1 - March 31, xxxx). The first Quarterly Report is due following the completion of the second calendar quarter following DHS certification of the PASS Agency.

PASS Agencies are required to submit the following reports on a quarterly basis:

Report 1 - Provision of authorized direct service hours

The purpose of this report is to monitor the percentage of authorized PASS service hours that are received by children and youth, with exceptions noted due to a child's health or family's request for the child's absence

Report 2 - Timeliness of intake appointments for potential PASS families

The purpose of this report is to monitor the percentage of initial intake appointments that occur within 2 weeks of a written referral from a CEDARR Family Center.

Report 3 - Timeliness of new PASS Service Plan submissions

The purpose of this report is to monitor the percentage of PASS Service Plan that are submitted to a CEDARR Family Center for review within 4 weeks of an initial intake appointment.

Report 4 - Timeliness of Service Plan Renewals

The purpose of this report is to monitor the percentage of expiring PASS Service Plan that are submitted for review at least 30 days prior to the expiration date.

6.7.2 Annual Reports

PASS Agencies will also be required to provide reports on an annual basis. Annual reports are to be submitted 30-60 days after the close of the state fiscal year, July 1 - June 30 (e.g., July 30, xxxx.) The first annual report is due at the close of the fiscal year in which DHS certifies the PASS Agency.

PASS Agencies are required to submit the following reports and documents on an annual basis:

- Documentation of trainings conducted and attended by PASS workers and PASS Agency staff
- Written documents provided to families and PASS workers regarding their rights and responsibilities and documents demonstrating family-centeredness and consumer direction
- Summary of family satisfaction survey methods and results
- Summary report on all complaints received and logs of timeliness of complaint resolution

6.7.3 Additional Service Monitoring and Reporting

DHS may also request additional reports, documentation, and site visits, as necessary to monitor compliance with these Certification Standards and services provided by the PA.

6.8 Record Keeping Requirements

The applicant must describe policies and procedures for record keeping. Systematic recording of PASS direct service hours verified by the appointed supervisor(s) must be provided on a weekly basis. For the PASS worker, time sheets documenting the specific hours of service provided per day must be co-signed weekly by the appointed family supervisor(s). Services billed shall correspond to the approved hours requested in a Service Plan and must be supported by written documentation.

In the Technical Resource Document H (Documentation Guidelines) provides further detail for compliance with Medicaid regulations. A certified PASS Agency must provide long-term storage of clinical records in accordance with Medicaid regulations. Additional record keeping requirements are described in Section 7.

6.9 Emergency Coverage

Whenever a PASS worker is working with a child, there shall be a plan in effect to cover a crises or emergency. An emergency or crisis is characterized by sudden onset, rapid deterioration of cognition, judgment, behavior or physical health, is time limited in intensity and duration, and poses serious risk of harm to the individual or others. The applicant shall describe processes for coordinating a crisis plan with a CEDARR Family Center.

7.0 QUALIFIED ENTITY

A certified PASS Agency must be able to demonstrate compliance with core State requirements as to organizational structure and process. These requirements pertain to areas such as incorporation, management of administrative and financial systems, human resource management, information management, quality assurance/performance measures and others. State requirements in these areas are consistent with the types of expectations or standards which would be set forth and surveyed by health care accrediting bodies and which are generally held to be critical to effective, consistent, high quality organizational performance and care provision.

Applicants for certification are not required to systematically address in detail each of these areas in their certification applications. Rather, these are set forth as fundamental requirements for certified entities. In many areas applicants will be asked to provide assurances that their agency systematically addresses each of the standards identified. In certain areas, more specific description regarding the manner in which the agency meets

the standard is required. The Application Guide provides guidance as to how the application should be structured and the areas, which need to be addressed.

In not requiring applicants to explicitly address the elements in Section 7, the State is seeking to simplify the effort needed to develop an application; these certification requirements remain in place. The State reserves the right to review certified entities for compliance with these certification requirements.

7.1 Incorporation and Accountable Entity

The applicant for certification as a PASS Agency must be legally incorporated. The certified entity shall serve as the liable entity responsible for meeting all of the terms and conditions for providing PASS. Applicants must clearly present the overall structure by which services, requirements and programmatic goals will be met. The corporate structure of the entity must be clearly delineated.

7.1.1 Partnership or Collaboration

Satisfactory performance as a certified PASS Agency calls for significant organizational capacity. In some cases this capacity may be present within a single organization and application for certification will be made based on the strengths of that single organization. In other cases the application may represent the joint effort of several parties, which have the combined capabilities to meet the certification requirements. This could come, for example, through a joint venture, a formal partnership or an integrated series of executed contractual arrangements. Regardless of form, a single legal entity will be certified with overall responsibility for performance.

The certified Family Support-Agency is to be the single billing agent for all PASS activities.

7.2 Governance and Mission

The governance of the entity must be clearly delineated. Composition of the Board of Directors and any conditions for membership must be clear. The overall performance of an organization flows from the philosophy and oversight of the leadership. Leadership and stakeholders “build” the mission, vision and goals; this in turn shapes the business behavior and is reflected in the tone that leadership sets for the operation of the organization. The leadership strives to recruit members who reflect the cultures and ethnic backgrounds of clients, and to provide a mix of competencies that address organizational needs. Specific standards regarding governance and mission are as follows:

- 1) The agency has a clearly stated mission and publicly stated values and goals.

- 2) The agency is operated/overseen by some type of legally or officially established governing body, with a set of governing documents or by laws. This governing body has full authority and responsibility for the operation of the organization.
- 3) The governing body is self-perpetuating and has a recruitment and periodic replacement process for members to assure continuity and accountability.
- 4) The governing body hires, supervises, and collaborates with a chief executive officer or director. Together the executive and governing bodies provide organizational leadership.
- 5) The governing body has final accountability for all programs. Through a collaborative relationship with the executive and the management team, the governing body is responsible for developing the program goals and mission and ensuring compliance with legal and regulatory requirements.

7.3 Well Integrated and Organized Management and Operating Structure

The PASS Agency will be able to function in an efficient and effective manner, assuring consistency and quality in performance and responsiveness to the needs of families. The applicant shall provide clear identification of who is accountable for the performance of PASS. This includes administration, program quality, and management of service delivery and overall financial management.

7.3.1 Administration

Specific standards regarding administration are as follows:

- 1) The Executive, under supervision of the governing body, is responsible for financial management, achieving program outcomes, meeting client needs, and implementing the governing body's strategic goals.
- 2) A current chart of organization, which clearly defines lines of authority within the organization, must be maintained and provided as part of the certification application.
- 3) The management of the organization is involved in the planning process for performance improvement and is involved in planning for priorities and setting goals and objectives for the written Quality Assurance/Performance Improvement plan.
- 4) There is a written corporate compliance plan in place that is adopted by the governing body.

7.3.2 Financial Systems

The organization must have strong fiscal management that makes it possible to provide the highest level of service to clients. Fiscal management is conducted in a way that supports the organization's mission, values, and goals and objectives in accordance with responsible business practices and regulatory requirements. Financial management requires a set of sophisticated financial planning and management capabilities if the organization is to remain viable. The organization must be able to obtain relevant data, process and report on it in meaningful ways, and analyze and draw meaningful conclusions from it. Managers must use financial data to design budgets that match the constraints of the organization's resources, and provide ongoing information to aid the governing body in managing and improving services. Therefore, the financial managers must have the ability to integrate data from all of the client and financial accounting systems (e.g., general ledger, billing and appointment scheduling). Data must also be utilized to make projections for planning and budgeting purposes.

Specific standards regarding financial systems are as follows:

- 1) Financial Management is provided by a Chief Financial Officer, Fiscal Director, or Manager with demonstrated experience and expertise in managing the finances of a human services organization with third party reimbursement. In larger organizations (e.g. with revenues in excess of \$1 million) this might be an MBA with demonstrated finance experience or a CPA; in smaller organizations a comptroller with a degree or experience in accounting might be sufficient. This individual must possess expertise in financial and client/patient accounting, financial planning and management.
- 2) The organization's financial practices are consistent with the most up to date accounting methods and comply with all regulatory requirements.
- 3) The organization's financial planning process includes annual budgeting, revenue projections, regular utilization and revenue/expense reports, billing audits, annual financial audits by an independent CPA, and planning to ensure financial solvency.
- 4) The organization has written policies and procedures that guide the financial management activities (including written policies for and procedures for expenditures, billing, cash control; general ledger, billing system; registration/intake system; payroll system; accounts payable; charge and encounter reporting system and accounting administration).
- 5) The organization has evidence of internal fiscal control activities, including, but not limited to cash-flow analysis, review of billing and coding activities.

- 6) The system must track utilization of service units separately for each individual client and aggregate this information by payer, performing provider and diagnosis/problem.
- 7) The organization has a billing office/function that bills for services rendered and collects fees for service and reimbursement.
- 8) The organization assesses potential and actual risks, identifies exposures, and responds to these with preventive measures.
- 9) The organization carries appropriate general liability insurance, and ensures that appropriate professional liability policies are maintained for program personnel.
- 10) Where the organization contracts with outside entities and/or providers, policies and procedures mandate contract language to detail the entity's or provider's accountability to the Governing Body and its' By-laws.
- 11) The organization has systems that facilitate timely and accurate billing of fee-for-service, capitated, and case-rated insurance plans, clients and other funding sources. Once bills are forwarded to payers, the system properly manages payments, follow-up billing, collection efforts and write-offs.
- 12) The organization has a written credit and collections manual with policies and procedures that describes the rules governing client and third-party billing. Specifically, the organization has in place and adheres to policies and procedures ensuring compliance with Medicaid regulations pertaining to coordination of benefits and third party liability. Medicaid by statute and regulation is secondary payer to all other insurance coverage.
- 13) Clinical, billing and reception/intake staff receives ongoing training and updates regarding new and changed billing and collection rules and regulations.

7.4 Human Resources, Staffing

Human Resource activities within the organization are conducted to ensure that proper staffing for optimum service delivery to clients occurs through hiring, training, and oversight of staff activities. The activities are organized to serve the governing principles of the organization and compliance with these Certification Standards. The organization provides clear information to staff about job requirements and performance expectations, and supports continuing education, both internal and external, that is relevant to the job requirements of the individual. In addition, all staff receive training about major new organizational initiatives and about key issues that may affect the organization overall.

Specific standards regarding Human Resources and Staffing are as follows:

- 1) The organization's personnel practices contribute to the effective performance of staff by hiring sufficient and qualified individuals who are culturally and linguistically competent to perform clearly defined jobs.
- 2) Staff personnel records are kept that contain a checklist tickler system to track appropriate training, credentialing and other activities. A copy of each staff's active license will be kept on file.
- 3) The PASS Agency must perform annual written performance appraisals of staff based on input from families and supervisors. These must be available in the personnel files for review by DHS upon request.
- 4) Policies and procedures contain staff requirements for cultural competency that are reflected in the job descriptions.
- 5) Staff is hired that match the requirements set forth in both the appropriate job description and in the policies and procedures.
- 6) Each staff's record contains a job title and description reflecting approved education, experience and other requirements, caseload expectations, supervisory and reporting relationships, and annual continuing education and training requirements. Supervisory job descriptions establish expectations for both contributing to the organization's goal attainment and for communicating the goals and values of the organization. All job descriptions include standards of expected performance.
- 7) The organization provides a clear supervisory structure that includes plainly delineated spans of control and caseloads as appropriate. The roles of team members are defined with a clear scope of practice for each. Supervisors receive specialized training and coaching to develop their capacities to function as managers and experts in their clinical and/or technical fields. The organization holds supervisors accountable for communicating organizational goals, as well as for clinical and technical supervision. This includes:
 - a) Protocols for communication and coordination with all interested parties (e.g., special education, primary care physician, or other specialists).
 - b) Clear procedures for addressing unmet education or licensure requirements will be stated. Credentialing records will be maintained annually to document compliance.
- 8) Credentials of staff established by the management team and approved by the Governing Body are contained in the job descriptions. An individual hired into a position has his or her credentials verified through primary source verification, as appropriate, and records maintained in the staff's record.

- 9) A record of primary source verification is maintained in the individual staff record. This includes, at a minimum, verification of licensure, review of insurance coverage/ liability claims history, verification of board certification for physicians, verification of education and training required by law, and professional references and performance evaluations about applicant's ability to perform requested duties. The individual staff record for behavioral health practitioners should also contain a signed statement from the practitioner that addresses if any Medicare or Medicaid sanctions have been imposed in the most recent three-year period.
- 10) Staff has appropriate credentials and meets qualifying standards of the organization. These are updated and checked regularly.
- 11) The organization provides training and training opportunities for all levels of staff.
- 12) Staff is required to participate in training activities on an ongoing basis, as specified by the organization and position and job descriptions.

7.5 Quality Assurance/Performance Improvement

The organization is required to have policies and procedures and demonstrable activities for quality review and improvement (e.g. formal Quality Assurance or Performance Improvement plan). The organization ensures that information is collected and used to improve the **overall** quality of service and performance of the program. The Quality Assurance/Performance Improvement (QA/PI) program that the organization develops strives to: improve the systems related to the delivery of service to the clients; include the preferences of clients in the provision of services; and measure the process and outcomes of the program services. The QA/PI program is an ongoing process of planning, monitoring, evaluating, and improving the system in order to improve the outcomes of service provided to clients.

Standards regarding Quality Assurance/Performance Improvement are as follows:

- 1) The organization has a Quality Assurance/Performance Improvement (QA/PI) program that includes a written performance improvement plan with annual review of goals and objectives, data analysis, outcomes management, records review and operational/systems improvement. Written records are maintained for PI program activities.
- 2) The QA/PI program contains specific timetables for activities and measurable goals and objectives, which consider client concerns and input.
- 3) Effective data analysis is conducted that includes an assessment of client or organizational needs, identification of service gaps, and integration of that data into organizational decision-making processes.

7.6 Information Management, Record Keeping

The organization must use data to affect the performance, stability, and quality of the services it provides to clients, in its governance, and other systems and processes.

Standards regarding information management, medical and billing record keeping are as follows:

- 1) The organization obtains, manages, and uses information to enhance and improve its performance. Information it maintains is timely, accurate, and easily accessible, whether maintained in electronic or other format. Evidence exists that information gathered and maintained is used in decision-making for the organization.
- 2) The organization maintains a written plan for information management which includes: client record-keeping policies and procedures; confidentiality policies and procedures; and record security policies and procedures. The plan provides for the timely and accurate collection of data and sets forth a reporting schedule.
- 3) The organization shall ensure that its information management systems are protected from unauthorized outside access and shall meet all applicable HIPAA regulatory requirements when such standards are promulgated and effective.
- 4) The information management plan specifies standard forms and types of data collected for client intake, admission, assessment, referral, services, and discharge.
- 5) The information management plan has an incident reporting and client grievance-reporting component.
- 6) Information management processes are planned and designed to meet the organization's internal and external reporting and tracking needs, and are appropriate to its size and complexity. Mechanisms exist to share and disseminate information both internally and externally.
 - a) The organization maintains signed releases for sharing of information.
 - b) Where necessary, signed affiliation agreements exist.
 - c) Reports are available on an appropriate schedule (weekly, bi-weekly, monthly, quarterly, etc.) for use by service providers, case managers, supervisors, managers, CEO, and the Governing Body for assessing client and organizational progress.

- d) Reports to authorities (state, federal, and other funding and regulatory entities) for review are submitted accurately, in the required formats and on a timely basis.
- 7) The organization has written policies and procedures regarding confidentiality, security, and integrity of information, and has mechanisms to safeguard records and information against loss, destruction and unauthorized access or disclosure.
 - a) The organization has policies and procedures in place to safeguard administrative records, clinical records, and electronic records.
 - b) Electronic records are backed up, transmitted data is encrypted and secure, and access is password protected.
- 8) Client information is accessible and is maintained in a consistent and timely manner, with enough information to support the consumer's needs or diagnosis, to justify services delivered, and to document a course of treatment and service outcomes.
 - a) Every client will have a record that contains: an initial assessment of client strengths and needs, goals as part of the PASS plan, documentation of care/services provided, documentation of change in client's status, and where necessary, discharge summary.
 - b) All records must include evidence of informed consent, where required.
- 9) The client record documents services provided and results from the interventions. All entries into the client records are dated and authenticated, and follow established policies and procedures.
 - a) Changes in client's condition or lack of change following service provision are recorded in the client record at the time of service provision and signed by the family and PASS worker.
 - b) Achievement of a client objective or milestone toward an objective is noted in the client record. Achievement of an objective or milestone results in a revised assessment.
 - c) Lack of progress in achieving a client objective or milestone toward objective results in a reassessment of the client.
- 10) The client record will be the basis for billing. All service billings must be substantiated in the client record. Additional clarification regarding Medicaid and DHS requirements is included in Appendix 7.

7.7 Health and Safety, Risk Management

The organization supports an environment that promotes optimal safety and reduces unnecessary risk for clients, family members and staff. The consumer-directed and family centered nature of PASS calls for specific policies and procedures to assure that services are provided in a safe and effective manner for both the child and the staff.

Standards regarding Health, Safety, and Risk Management are as follows:

- 1) The organization's policies and procedures designate managers who monitor implementation of Health and Safety policies and report to the Quality Assurance Performance Improvement program committee and the Governing Body.
- 2) The organization will have protocols for identification and monitoring of safety risks, family crises, medical emergencies and difficult situations.
- 3) Health and safety policies and procedures are clearly communicated to agency staff, visitors, and clients.
- 4) Programs will have an effective incident review process.
- 5) OSHA guidelines
- 6) All Federal and State mandates

APPENDIX 1: DEFINITION OF MEDICAL NECESSITY

As defined and applied to all State Medicaid programs (See: RI DHS Medical Assistance Program, 300-40-3, September 1997), Medical Necessity refers to medical, surgical, or other services required for the prevention, diagnosis, cure or treatment of a health related condition. It includes services necessary to prevent a detrimental change in either medical or mental health status. Services must be provided in the most cost effective, efficient and appropriate manner. Services are not to be provided solely for the convenience of the beneficiary or service provider.

The prescription or recommendation of a physician or other service provider of medical services is required for a determination of medical necessity to be made, but such prescription or recommendation does not mean that the Medical Assistance Program will determine the provider's recommendation to be medically necessary. The Medical Assistance Program is the final arbiter of determination of medical necessity (See RI DHS Medical Assistance Program, 300-40-4, September, 1997).

APPENDIX 2: CEDARR FAMILY CENTER REVIEW AND DHS AUTHORIZATION PROCESS FOR PASS

Families may seek PASS through referral by a CEDARR Family Center and authorization by DHS. Services provided by a CEDARR Family Center are intended to benefit families by providing basic supports including helping them obtain information, navigating the system of services and supports, assisting with linkages to peer supports and community resources and identifying, with them, the appropriate services for their child. The CEDARR Family Center helps by arranging specialty clinical evaluations if required, conducting an Initial Family Assessment, developing a Family Care Plan, and providing coordination of care, when requested by the family.

When the CEDARR Family Center makes recommendations for services and supports, parents are given information about various professionals, resources, and different agencies providing those services. The following process takes place:

- 1) If PASS is recommended and desired by the family, families are informed about all PASS Agencies certified at that time. The family will choose one provider. The CEDARR Family Center will connect the family with the PASS Agency of their choice. The PASS Agency will contact the family to set up an appointment at a time and location convenient for the family. The PASS Agency and parent will schedule necessary appointments, one of which must be a home visit. The first appointment is to confirm the appropriateness of PASS for this family and the chosen PASS Agency in order to obtain the necessary prior authorization.
- 2) The PASS Agency then submits a PASS Service Plan to the CEDARR Family Center for review. As appropriate, the CEDARR Family Center forwards it to DHS for authorization.
- 3) The specifics necessary for authorization are as follows:
 - a) PASS Agencies must develop and submit written PASS Service Plan to the CEDARR Family Center no later than four weeks after receiving the written referral from the CEDARR Family Center and no later than thirty (30) calendar days prior to the anticipated start of PASS Direct Services. PASS services are not reimbursable without prior authorization.
 - b) The PASS Service Plan must include clearly defined interventions and objectives with measurable outcomes. The names of the appointed family supervisor(s) and of the PASS worker must be identified, along with the requested hours for PASS Direct Service Worker.
 - c) The CEDARR Family Center Clinician reviews PASS Service Plans within thirty (30) calendar days of receipt at the CEDARR Family Center.

- d) The review process may involve written and verbal communication between the PASS Agency, family and the CEDARR Family Center in order to facilitate a thorough understanding of the proposed services. As a result, recommendations to modify a PASS Service Plan may be made in terms of goals or intensity of services. Changes to the Service Plan require family supervisor(s) consent.
 - e) Based on review, actions are taken by the CEDARR Family Center for authorization by DHS. EDS sends written notification directly to PASS Agencies.
 - f) PASS Agency cooperation is sought to resolve questions prior to issuing a denial of authorization. This may result in a modified plan rather than a denial. The PASS Agency must then review proposed changes with a child's parents/guardians and obtain their consent. Once a revised plan has been obtained, services may then be authorized with written notification to the PASS Agency and family.
 - g) If a PASS Service Plan is unsatisfactory, the Family Service Agency has nine (9) calendar days to respond to the CEDARR Family Center reviewer's questions or concerns. Written responses are required from the agencies. Untimely or unsatisfactory responses may result in changes in the Service Plan including reductions in intensity or duration, or denial of the Service Plan.
 - h) Families have the right to appeal any denial of PASS or modification of intensity of services, to the PASS Agency, the CEDARR Family Center or DHS.
 - i) If there are substantial changes in a child's level of functioning (e.g., inpatient hospitalization, or regression) or in the family's ability to meet the responsibilities within the PASS Service Plan, that require service changes during an approved period of care, it is the responsibility of the PASS Agency to inform the CEDARR Family Center and receive approval to amend the PASS Service Plan. These requests are then subject to the same review process as for initial requests.
 - j) PASS Agencies have the responsibility to submit a request for reauthorization of the Service Plan thirty (30) calendar days prior to the expiration of an existing Service Plan.
- 3) The CEDARR Family Center is responsible for providing the following functions:
- a) Reviewing the PASS Service Plan and forwarding it to DHS for prior authorization and active collaboration with the PASS Agency to facilitate Service Plan Implementation

- 5) The PASS Agency is responsible to actively cooperate with the CEDARR Family Center in all communication related to PASS services. In order to render PASS services, the provider-agency must be certified by DHS as a CEDARR Direct Service Provider.

APPENDIX 3: DESCRIPTIONS OF CONDITIONS ASSOCIATED WITH THE TARGET POPULATION:

Diagnostic conditions for which PASS may be appropriate, but are not limited to, are noted below. This is provided as a point of reference only. PASS may be effective for children with diagnoses other than those noted here. Inclusion on this list does not guarantee that PASS services will be effective and/or determined appropriate. Additionally, as each Service Plan is individually developed, PASS services may be most therapeutic when complemented by more intensive services, which are part of a comprehensive CEDARR Family Center Care Plan. Appropriateness determination is based on multiple factors and most importantly on the willingness and ability of the family to assume the risks and responsibilities involved in consumer-directed care.

- **Autistic Spectrum Disorders and Pervasive Developmental Disorders:**

Refers to a wide continuum of associated cognitive and neurobehavioral disorders characterized by, but not limited to, three core defining features:

- 1) Impairments in reciprocal social interactions,
- 2) Impairments in verbal and nonverbal communication, and
- 3) Restricted and repetitive patterns of behaviors or interests.

There is marked variability in the severity and complexity of symptomatology across individuals as well as intellectual functioning that can range from profound mental retardation to the superior level of cognitive ability Autistic Disorder.

- Pervasive Developmental Disorder Not Otherwise Specified
- Asperger's Disorder
- Rett's Syndrome (Rett's Disorder)
- Childhood Disintegrative Disorder

- **Developmental Disability is a severe, chronic disability, other than mental illness:**

- a) Attributable to a cognitive or physical impairment or combination of,
- b) Manifested before the person attains age 22,
- c) Likely to continue indefinitely,
- d) Results in substantial functional limitations in 3 or more of the following areas of major life activities:

- (i) Self-care,
- (ii) Receptive and expressive language,
- (iii) Learning,

- (iv) Mobility,
 - (v) Self-direction,
 - (vi) Capacity for independent living,
 - (vii) Economic self sufficiency
- e) Reflects the person's need for a combination and sequence of special, interdisciplinary, generic care or other services, which are life-long, or of extended duration.
- Psychiatric and Behavioral Disorders - refer to children and adolescents with a range of conditions, resulting in impaired or compromised levels of functioning across various domains. Examples are:
 - Attention Deficit Hyperactivity Disorder
 - Conduct Disorder
 - Intermittent Explosive Disorder
 - Opposition Defiant Disorder
 - Tourette's Disorder Mood Disorders (e.g., Depression and Bipolar Disorders)
 - Anxiety Disorders (e.g., Panic Disorder, Post Traumatic Stress Disorder, Generalized Anxiety Disorder, Obsessive - Compulsive Disorder, and Social Phobia)
- General Medical and Physical Conditions - refers to a wide range of conditions with complex genetic, metabolic and/or neurological factors that significantly affect a child's functioning. Some of these conditions are:
 - Angelman's Syndrome
 - Cerebral Palsy
 - Duchenne's Muscular Dystrophy
 - Klinefelters Syndrome
 - Landau-Kleffner Syndrome
 - Prader Willi Syndrome
 - Tuberous Sclerosis
 - Seizure Disorder

Levels of Support

In order to determine appropriateness of PASS services, the intensity of needed personal assistance and supports must be assessed in the PASS domains:

- Ability to accomplish essential activities of daily life
- Ability to make self-preserving decisions
- Ability to participate in social roles and social settings

Level of support is equivalent to intensity of services in the following definitions. The following was adapted from Luckasson, R et.al. (1992), *Mental Retardation Definition, Classification and Systems of Support*, 9th edition, Hagerstown, M.D. American Association of Mental Retardation.

Level I or Intermittent

Child/youth is able to function at age expected levels of independence with the support typically provided by parent or guardian of a child that age. Support needed is intermittent and characterized by being episodic. Child does not always need the support or support is needed during life-span transitions (e.g. going to a ½ day at summer camp). The expected number of hours needed per week may be 3-5.

Level II or Limited

This level of support is characterized by consistency over time in certain situations or during certain activities and is beyond the level of support typically provided by the parent or guardian of a child that age at that time and may or may not require PASS services to be delivered in collaboration with more intensive services as delineated by the CEDARR Family Care Plan. The expected number of hours needed is 6-10 hours per week (e.g. engaging the child in after school activities).

Level III or Extensive

At this level, the child/youth requires assistance that is characterized by consistency over time and during several daily routines or activities beyond that which is typically provided by the parent or guardian of a child that age and at that time and may or may not require PASS services to be delivered in collaboration with more intensive services as delineated by the CEDARR Family Care Plan. The expected number of hours per week for this level of support is 11-15 hours per week.

Level IV or Pervasive

Support needed is at a level not typically provided by parents of similar age children and most likely will require PASS services to be delivered in collaboration with more intensive services as delineated by CEDARR Family Care Plan. The expected number of hours per week for this level of support is 16-20.

APPENDIX 4: PROVIDER-AGENCY RESPONSIBILITY FOR MONITORING MEDICAID ELIGIBILITY

A recipient's eligibility to receive Medicaid can change at any time. It is the responsibility of the provider to verify eligibility. This can be accomplished by contacting the Recipient Eligibility Verification System (REVS) at 784-8100. In all cases loss of Medicaid coverage results in nonpayment of claims.

*You are now able to verify client and claim information through DHS web site at <https://www.dhs.ri.gov>. However, you must have first completed a Trading Partner Agreement to obtain an ID and a password to access your entity's healthcare information. If you have not completed a TPA please contact the EDI HIPAA Coordinator at 401.784.3817, or download a pdf copy from our website and mail it to EDS, 1471 Elmwood Ave., Cranston, RI 02910.

APPENDIX 5: LICENSURE AND PRACTICE STANDARD

1. Core Requirements for PASS Certification

1.1 Licensure

These Certification Standards require that individuals engaged in providing clinical consultation for the four reimbursable PASS Services Plan Development and plan oversight. The supervisor of the Family Support Coordinator must hold a currently valid license from the Rhode Island Department of Health (DOH). DOH requires that professionals be licensed for their respective specialties (i.e., nursing, psychology, or social work). For social workers, an LCSW (Licensed Clinical Social Worker) is required by DHS for engaging in the practice of Supervision and plan development and oversight. For nurses, a registered nurse with a Master's degree is required to provide clinical supervision.

DOH stipulates that licensure is required for health care professionals if:

- 1) You represent yourself in name, title, or abbreviation to the public as a psychologist, clinical social worker, or registered nurse
- 2) You engage in providing diagnosis, assessment, treatment planning, and treatment to the public.

Relevant DOH policies are:

- Clinical Social Worker: R5-39.1 CSW/ICSW
- Psychologist: RS-44-PSY
- Nurse: R5-34-NUR/ED

1.2 Competency

Licensure relates to broad areas of clinical practice and by itself does not ensure that providers have the specific and current competencies to work effectively in a PASS program. In addition to licensure, DHS requires that individuals engaged in providing Clinical Supervision in TCYC demonstrate competency to work with specific target populations. Specifically, evidence of the following is required:

Training: 2 years of supervision post degree while working with related target population(s); and

Continuing Education: Licensed Clinical Consultants must conform to the requirements of their respective Boards for maintaining continuing education credits. Provider-agencies are responsible for oversight and management of this requirement.

APPENDIX 6: APPEAL RIGHTS - RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

APPEAL RIGHTS - READ CAREFULLY

You have a right to discuss any action further or to request an adjustment conference with the appropriate DHS Supervisor. **If you have questions regarding this notice, call the Agency representative at the telephone number listed on the first page of the notice.**

You have the right to request and receive a hearing if you disagree with the decision made regarding the level or length of services, in the approved Treatment Plan. You must request a hearing in writing within thirty (30) days of this notice.

If you request a hearing regarding your medical services within ten (10) days of this notice, you will continue to receive the current amount of Medical Assistance Services until a hearing decision is made.

The form to request a hearing is enclosed. If you request a hearing you may represent yourself or authorize another person, such as a relative or legal counsel to represent you. Free legal help may be available by calling Rhode Island Legal Services at 274-2652 (outside the Providence calling area, call toll free at 1-800-662-5034).

EXCEPTION: If this action implements a hearing decision, you may not have the right to another hearing on this action. See the hearing decision letter for your right for judicial review in accordance with Rhode Island law (42-35-1 et seq.).

TO REQUEST A HEARING

All requests must be in writing. To request a hearing, complete Section I., the 'Statement of Complaint' on the REQUEST FOR A HEARING form or else submit your complaint in writing. Briefly describe the Agency action you wish to appeal. You can fill out the form yourself, or with the help of the Agency representative if you need help in completing the form. The form is signed by the person to whom the notice is addressed or her/his representative.

Mail or bring the hearing request form to the Center for Child and Family Health, Department of Human Services Forand Building, 600 New London Avenue, Cranston, RI 02920. In order to receive a hearing, you must do so within the time periods specified on this page. You will be notified of the time and place of the hearing. At the same time, you will also receive a statement of the Agency's position, an explanation of the policy on which the decision was based, and additional information about the hearing process.

INFORMATION ABOUT HEARINGS FOR APPLICANTS AND RECIPIENTS OF FINANCIAL ASSISTANCE, FOOD STAMPS, MEDICAL ASSISTANCE AND SOCIAL SERVICES

The Department of Human Services (DHS) has a responsibility to provide financial assistance, food stamps, medical assistance, and social services to individuals and families for whom eligibility is determined under the provisions of the Social Security Act, the Rhode Island Public Assistance Act, the Food Stamp Act, the Rhode Island Medical Assistance Act and Title XIX Social Services.

The hearing process is intended to insure and protect your right to assistance and your right to have staff decisions reviewed when you are dissatisfied. You have asked for a hearing because of an agency decision with which you disagree. The following information is sent to help you prepare for your hearing and to inform you about what you may expect and what will be expected of you when it is held.

1. WHAT IS A HEARING?

A hearing is an opportunity provided by the Department of Human Services to applicants or recipients who are dissatisfied with a decision of the agency, or a delay in such a decision for a review before an impartial appeals officer to insure correct application of the law and agency administrative policies and standards.

2. WHO CONDUCTS A HEARING?

A hearing is conducted by an impartial appeals officer appointed by the Director of the Department of Human Services to review the issue(s) and give a binding decision in the name of the Department of Human Services,

3. WHO MAY ATTEND A HEARING?

A hearing is attended only by persons who are directly concerned with the issue(s) involved. Legal counsel may represent you if you chose and another witness or a relative or friend who can speak on your behalf. The staff member involved in the decision and/or that staff member's supervisor usually represents the Agency. Legal services are available to persons wishing to be represented by legal counsel through Rhode Island Legal Services (274-2652) or (1-800-662-0534).

If an individual chooses to have legal representation, e.g. be represented by an attorney, paralegal, or legal assistant, the representative must file a written Entry of Appearance with the Hearing Office at or before the hearing. The Entry of Appearance acts as a release of confidential information, allowing the legal representative access to the agency case record. It is also needed for the Hearing Office to confirm the representation for purposes of follow-up, review, request for continuances, etc.

4. WHERE IS THE HEARING HELD?

The hearing may be held at a regional or district office or in an individual's home when circumstances require.

5. HOW CAN YOU LEARN ABOUT THE DEPARTMENT'S RULES AND REGULATIONS?

Section III of the attached form (DHS-121) shows the policy manual references, which are at issue in your hearing. You may review the Department's regulations at any local welfare office during regular business hours.

You may also review the Department's hearing decisions rendered on or after April 1987. They are available only at the DHS Central Administration Building, 600 New London Avenue, Cranston Rhode Island, between the hours of 9:00 a.m. and 11:00 a.m. and between the hours of 1 :00 p.m. and 3:00 p.m. Monday through Friday.

6. WHAT ARE YOUR RIGHTS RELATIVE TO THE HEARING?

You have a right to examine all documents and records to be used at the hearing at a reasonable time before the date of the hearing, as well as during the hearing.

You may present your case in any way you wish without undue interference, by explaining the situation yourself or by having a friend, relative, or legal counsel speak for you, and you may bring witnesses and submit evidence as discussed above to support your case. You will have an opportunity to question or refute any testimony or evidence and to confront and cross-examine adverse witnesses.

7. HOW IS A HEARING CONDUCTED?

A hearing differs from a formal court procedure because you are not on trial and the appeals officer is not a judge in the courtroom sense. However, the appeals officer will swear in any person who testifies.

After you have presented your case, the staff member will explain the provisions in law or agency policy under which s/he acted. When both sides have been heard, there will be open discussion under the leadership and guidance of the appeals officer. The entire hearing is recorded on tape.

8. HOW WILL THE HEARING DECISION BE MADE?

The tape recording of the testimony of the persons who participated in the hearing, together with all papers and documents introduced at the hearing, will be the basis for the decision.

The appeals process is generally completed within 30 days of the receipt of your request, but will never exceed sixty (60) days for food stamps and ninety (90) days for all other programs unless you request a delay, in writing, to prepare your case.

The appeals officer will inform you of her/his findings, in writing, following the hearing. If you are still dissatisfied, you have a right to judicial review of your case. The agency staff member wants to be as helpful as possible in assisting you to prepare for the hearing. If you have any questions about what you may expect, or what may be expected of you, be assured that you may call your eligibility technician or worker.

APPENDIX 7: SERVICE MONITORING AND REPORTING REQUIREMENTS

Draft Quarterly Report Protocols

Report 1: Timeliness of intake appointments for potential PASS families

- Step 1. Identify all new families who had an initial intake appointment during the reporting period (e.g., October 1, 2004 - December 30, 2004.)
- Step 2. Log the child's name, MID, date of referral, and date of the intake appointment in columns 1 - 4 on the Report 2 Worksheet.
- Step 3. Calculate the number of calendar days between the date of the referral (column 3) and the date of the initial intake appointment (column 4) and enter that number into column 5, days from referral to intake.
- Step 4. If the number of calendar days between referral and intake appointment (column 5) is ≤ 14 days, enter "yes" into column 7, meets intake appointment standard. If the number of days is greater than 14, enter "no" into column 7.
- Step 5. Count the number of "yes's" in column 7.
- Step 6. Divide the total number of intake appointments taking place within 14 calendar days of written referral by the number of intake appointments taking place within the reporting period to determine if the agency meets the performance standard. (number of plans meeting standard - "yes's from column 7/total number of intake appointments taking place in the reporting period)
- Step 7. Report the percentage from Step 6 on the Quarterly Report sheet, in the row labeled Report 1, Timeliness of intake appointments.

Report 2: Timeliness of new PASS Service Plan submissions

- Step 1. Identify all PASS Service Plans that were submitted for authorization during the reporting period. (e.g., October 1, 2004 - December 30, 2004.)
- Step 2. Log the child's name, MID, the date of the intake appointment, and the date the PASS Service Plan was submitted to the CEDARR Family Center for review in columns 1 - 4 on the Report 2 Worksheet.

- Step 3. Calculate the number of calendar days between the date of intake appointment (column 3) and the date the PASS Service Plan was submitted to the CEDARR Family Center for authorization (column 4), and enter that number in column 5.
- Step 4. If the number of calendar days between the intake appointment and the date the PASS Service Plan was submitted for authorization (column 5) is ≤ 28 days, enter “yes” in column 7, meets PASS Service Plan submission standard. If the number of days is greater than **28**, enter “no” in column 7.
- Step 5. Count the number of “yes’s in column 7.
- Step 6. Divide the number of Therapeutic Integration plans submitted for authorization within **28** calendar days of intake appointment by the total number of treatment plans that were submitted for authorization during the reporting period to determine if the provider agency meets the performance standard (number of plans meeting standard - “yes’s from column 7/total number of PASS Service Plan submitted for authorization in the reporting period)
- Step 7. Report the percentage from Step 6 on the Quarterly Report sheet, in the row labeled Report 2, Timeliness of new PASS Plan submission.

Report 3: Timeliness of Direct Service Activities Implementation

- Step 1. Identify all new children who had PASS Direct Services implemented during the reporting period (e.g., October 1, 2004 and December 30, 2004)
- Step 2. Log the child’s name, MID, the date of receipt of PASS Service Plan authorization, and date of the implementation of direct service activities (first date for which direct services are billed) in columns 1 - 4 on the Report 4 Worksheet.
- Step 3. Calculate the number of calendar days between the date the notification of authorization of the PASS Service Plan was received from EDS (column 3) and the date of direct service activities implementation (column 4), and enter that number into column 5, timeliness of direct service activities implementation.
- Step 4. If the number of calendar days between notification from the CEDARR Family Center and the implementation of direct service activities (column 5) is ≤ 60 days, then enter “yes” in column 7, timeliness of implementation of direct service activities. If the number of days is greater than **60**, enter “no” in column 7.
- Step 5. Count the number of “yes’s in column 7.

Step 6. Divide the total number of clients for whom services were initiated within **60** days of notification of Service Plan approval from the CEDARR Family Center by the number of clients for whom direct service activities were implemented during the reporting period to determine if the provider agency meets the performance standard. (Number of plans meeting standard - “yes’s” from column 7/total number of PASS Service Plan for which direct service activities were implemented in the reporting period)

Step 7. Report the percentage from Step 6, on the Quarterly Report sheet, in the row labeled Report 3, Timeliness of Direct Service Activities Implementation.

Report 4: Timeliness of PASS Service Plan Renewals

Step 1. Identify all PASS Service Plans renewals that were submitted to CEDARR Family Center for reauthorization during the reporting period (e.g., plan submission for reauthorization date falls between October 1, 2004 and December 31, 2004)

Step 2. Log the child’s name, MID, date PASS Service Plan authorization expires, and the date the plan was submitted for renewal in columns 1 - 4 of the Report 5 Worksheet.

Step 3. Calculate the number of days between the date the renewing PASS Service Plan was submitted for renewal (column 4) and the PASS Service Plan expiration date (column 3) and enter that number into column 5.

Step 4. If the number of days between PASS Service Plan submission for renewal and plan expiration (column 5) is ≥ 30 , then enter “yes” into column 7, meets standard. If the number of days is less than 30, then enter “no” into column 7.

Step 5. Count the number of “yes”s in column 7.

Step 6. Divide the total number of treatment plans submitted for renewal at least 30 days prior to plan expiration by the total number of plans submitted for renewal in the reporting period to determine if the agency meets the performance standard. (number of plans meeting standard - yes’s from column 8/total number of plans submitted for reauthorization in the reporting period)

Step 7. Report the percentage from Step 6, on the Quarterly Report sheet in the row labeled Report 5, Timeliness of Service Plan Renewals.

The Quarterly Report coversheet and Report Worksheets are attached. In addition, data entry logs have been created and attached to facilitate the capturing of data elements necessary in fulfilling the reporting requirements.

Please submit reports on a quarterly basis using the attached Quarterly Reporting Form to:

**Sharon Kernan,
Assistant Administrator
Center for Child and Family Health
Rhode Island Department of Human Services
600 New London Avenue
Cranston, Rhode Island 02920**

Draft PASS Quarterly Report Format

Report No.		Results (Percent of standard met)
1	Timeliness of intake appointments for potential PASS families	
2	Timeliness of new PASS Service Plan submissions	
3	Timeliness of Direct Service Activities Implementation	
4	Timeliness of PASS Service Plan renewals	

Report 1: Timeliness of PASS Intake Appointments for potential PASS families

[illegible]

Report 2: Timeliness of PASS Service Plan Submissions

[illegible]

Report 3: Timeliness of Direct Service Activities Implementation

[illegible]

Report 4: Timeliness of PASS Service Plan Renewals

[illegible]

